

SPECIAL REPORT

Exhibit 8:

Grievance Record



JOE M. ALLBAUGH
DIRECTOR

MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE REVIEW AUTHORITY

DCF 18-160

Date: JULY 24, 2018
To: JOHNSON, LAMONE #744047
Location: DCF
From: Mark Knutson, Director's Designee *Mark Knutson*

Your grievance/correspondence was filed improperly for the following reason(s):

	1. No facility head response to the grievance.
	2. No informal action or "Request to Staff" response included.
	3. Out of time from date of alleged incident until filing request to staff.
	4. Out of time from date of response to request to staff until filing the grievance with facility head.
X	5. Received out of time from date of facility head response
	6. You cannot appeal a non-response. See OP-090124 section IV.C.11. or V.C.4.
	7. Inmate on grievance restriction and/or proper documentation not included.
	8. Must be legibly written in blue or black ink. No pencil or other color of ink is allowed. No doodling or writing in margins.
	9. Attachments to the grievance/appeal (no additional pages allowed except affidavit if required).
	10. Not an issue grievable to Oklahoma Department of Corrections (Private prison property , misconduct, litigation pending, not within/under the authority/control of the Department of Corrections, etc.)
	11. More than 1 issue - only 1 issue allowed per grievance/Request to Staff
	12. Not of a sensitive/emergency nature. You must follow the standard grievance process including giving the facility an opportunity to respond.
	13. Requests for disciplinary action against staff will not be addressed in the grievance process.
	14. Appeal form not signed/dated .
	15. Grievances shall not be submitted requesting monetary compensation.
	16. The ruling of the Administrative Review Authority or Director's Designee is final.
	17. Facility grievance number not listed on the appeal form.
	18. Additional issues submitted in the grievance appeal and not presented in the initial grievance to the facility head for response, will not be addressed by this office.
	19. You have failed to follow previous instructions from the reviewing authority or ARA for filing this grievance/appeal and/or properly resubmit. YOU ARE NOW OUT OF TIME.
	20. You did not provide the date that you received the reviewing authority's response on the appeal form.
	21. This grievance is unanswerable as there are no time frames specified for the alleged action(s) to have occurred
	22. You failed to identify your grounds for an appeal by checking one, or both boxes on the appeal form.
	23. Your appeal must be written on the current Misconduct/Grievance Appeal form (DOC060125V effective 4/17).
	24. You will be afforded ONE FINAL opportunity to properly resubmit your corrected grievance/appeal which must be received in ARA within ten (10) days of receipt of this form. DO NOT RETURN THIS FORM WITH YOUR CORRECTED APPEAL.
	25. Other:

THIS OFFICE WILL NOT PROCESS INCOMPLETE/INACCURATE/OUTDATED APPEAL FORMS

NOTE: Abuse of the grievance process as explained in section IX of OP-090124, will result in restrictions being imposed.

I acknowledge receipt of this response: _____
Inmate's signature and date

P.O. BOX 11400, OKLAHOMA CITY, OK. 73136-0400

GRIEVANCE RETURNED UNANSWERED

AS 202

Received:

X I/m Refused

Inmate signature

X 6-28-18

Date

DATE: June 26, 2018
 TO: Johnson, Lamone, #744047
 FROM: James Yates, Warden
 Received: June 22, 2018
 RE: Return of Grievance # 2018-1001-00160-G

YOUR GRIEVANCE IS BEING RETURNED UNANSWERED BECAUSE OF THE FOLLOWING:

- ☐ You have not filed your grievance within the specified time frame. **(CANNOT RESUBMIT)**
- ☐ The "Request to Staff" must be submitted within seven (7) days of the incident.
- ☐ The inmate/offender grievance must be submitted by the inmate/offender 15 days from the date of the receipt of the response to the "Request to Staff."
- ☐ An **ANSWERED** Request to Staff form addressed to the correct staff member must be attached.
- ☐ The Request to Staff issue does not match the issue requested on the Grievance.
- ☐ Inmate Request forms are not utilized in the Grievance Process.
- ☐ You have not completed the Grievance form correctly, in its entirety, or on the correct form.
- ☐ Grievances submitted must be **legibly written or typed, in blue or black ink. No pencil, highlighter, or other color of ink is allowed.** No drawing, decorating, doodling, or making comments, in the margins of the pages is permitted.
- ☐ The Grievance must be specific as to the **complaint, dates, places, personnel involved and how the inmate was affected.**
- ☐ Classification Movement requests to transfer to another facility, are not grievable to DOC.
- ☐ If there has not been response to your Request to Staff in 30 days, but no later than 60 days, of submission, the inmate may file a grievance to the reviewing authority with a copy of the "Request to Staff" attached to the grievance form. (Ask the law library supervisor for a copy of the RTS.) The grievance form may only be filed about the lack of response to the "Request to Staff."
- ☐ You cannot grieve more than one **ISSUE** per grievance form.
- ☐ You are on **Grievance Restriction**, proper documentation not included.
- ☐ It has been determined that the grievance is not of an **Emergency or Sensitive** nature, the grievance is being returned and you must comply with the standard grievance process.

- ☐ **NOT A GRIEVABLE ISSUE. Section-09 Programs Page: 3 OP-090124 Effective Date: 07/19/2016**
1. Misconduct reports received through the agency disciplinary procedures may not be appealed through the grievance process. Misconduct reports may only be appealed through the disciplinary appeal process as referenced in OP-060125 entitled "Offender Disciplinary Procedures."
- ☐ **NOT A GRIEVABLE ISSUE. Section-09 Programs Page: 3 OP-090124 Effective Date: 07/19/2016**
2. Grievances may not be submitted about matters that are in the course of litigation.
- ☐ **NOT A GRIEVABLE ISSUE. Section-09 Programs Page: 3 OP-090124 Effective Date: 07/19/2016**
3. Requests for disciplinary action against staff will not be addressed through the grievance process.
- ☐ **NOT A GRIEVABLE ISSUE. Section-09 Programs Page: 3 OP-090124 Effective Date: 07/19/2016**
4. Grievances shall not be submitted requesting monetary compensation.
- ☒ **NOT A GRIEVABLE ISSUE. Section-09 Programs Page: 4 OP-090124 Effective Date: 07/19/2016**
5. Privately contracted facility property issues are not grievable.
- ☒ Property issues may be addressed by utilizing the requirements of CCA Policy 14-6: Inmate Resident Property (Property Claim 14-6D and Appeal 14-6E).
- ☐ **Section-09 Programs Page: 17 OP-090124 Effective Date: 07/19/2016**
A. Determining Abuse of the Grievance Process
1. The appropriate reviewing authority may determine there is abuse or misuse of the grievance process and may restrict the inmate's/offender's ability to submit a grievance. Types of abuse, include, but are not limited to: (PREA 115.52(g))
a. Grievances intended to harass another;
b. The continual and repeated submitting of frivolous grievances (frivolous grievances are those with no basis in fact or law);
c. The repeated submitting of grievances or "Requests to Staff" about an issue previously addressed by staff in their written response;
d. Grievances about de minimis (small, trifling, no available remedy) issues;
e. Repetitive grievances by multiple inmates/offenders about the same issue;
f. An inmate/offender writing letters instead of utilizing the grievance process and failing to bring complaints by formal grievance;
g. Continued procedural defects, such as submitting additional pages, after having been previously warned. **Because of continued abuse of the grievance process this serves as an official warning.**
- ☐ You will be afforded the opportunity to properly re-submit the Grievance within **10 days** of receipt of this notice with the noted corrections completed. The failure of such waives/forfeits the right to proceed in the grievance process.
- ☐ Due to your continued failure to submit a properly filed grievance, you are now **OUT OF TIME**.
- ☐ Other:

INMATE/OFFENDER GRIEVANCE

RECEIVED
JUL 22 2018
GRIEVANCEGrievance no. 2018-1001-001606Grievance code: 8Response due: 7/11/18Please
Return COPY 3 Front
Backs

DO NOT WRITE ABOVE THIS LINE

Date 6-15-18Facility or District D.C.FName Lamone JohnsonFacility Housing Unit AS-222ODOC Number 1744 (Print)Date "Request to Staff" response received: June - 5th

Have you previously submitted a grievance on this same issue? NO If yes, what date _____, facility _____, grievance # _____. You must submit this completed original within 15 days of the receipt of the response to the "Request to Staff". The "Request to Staff" must have been submitted within 7 days of the incident. Do not include/attach anything to this grievance except the "Request to Staff" including the response. You may quote from or make reference to statutes, operations, field, or administrative memoranda, department publications (time sheets, inventory forms, assessments, etc.). You will be permitted only one opportunity to correct any error(s) made in submitting your grievance.

1. The nature of your complaint. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per grievance. Use backside of this page only, if necessary.

on 5-17-18, I wrote 2 sick calls Pretaining to (1) the Proxeny Officer depriving me of my 3 - cosmetics upon arrival. that were approved at another facility (C.H.C.C) due to me having "Gender Dysphoria". (2) That I have a special clothing order in my medical →

2. Informal action taken (including dates) to resolve the complaint, as well as the names of those employees from whom you sought an answer to your grievance.

5-17-18 2- Request to Health Services
5-22-18 RTS to Ray Larimer C.H.S.A.

3. The action you believe the reviewing authority may lawfully take.

ReImburse my confiscated Items
or The Value of Currency for those Items.

Grievance report sent to (warden/district supervisor/correctional health services administrator):

Ray Larimer

C.H.S.A.

Name

Title

Signature of Grievant Lamone JohnsonDate Sent to Reviewing Authority 6-15-18

1. Original to file
2. Copy to inmate/offender

DOC 090124A (R 7/16)

6:19-cv-00269-BAW-SPS Document 31-8 Filed in ED/OK on 01/28/20 Page 6 of 58
Files For Undergarments Due to me having Secondary characteristics
Per. of 140/47 (Such as Breast) 3, P.R.F.A 115.42, I need
My Bra 3. Panties due to without them it makes me vulnerable
for sexual Assault! Due to my nipples showing 3, ~~Per. of~~ male
Genitalia on 5-22-18, I wrote a RTS to Ray Larimer C.H.S.A
Pertaining to this Issue! He responded ~~on~~ on 6-4-18 " You are
Not approved for this" How Am I not Approved? If he would've
checked my medical Records, I have an order For my
Undergarments. So evidently I Am Approved

RECEIVED
JUN 22 2018
GRIEVANCE

INMATE/OFFENDER GRIEVANCE

Grievance no. _____

Grievance code: _____

Response due: _____

DO NOT WRITE ABOVE THIS LINE

Date _____

Facility or District: _____

Name _____

Facility Housing Unit _____

(Print)

ODOC Number _____

Date "Request to Staff" response received: _____

Have you previously submitted a grievance on this same issue? NO If yes, what date _____, facility _____, grievance # _____. You must submit this completed original within 15 days of the receipt of the response to the "Request to Staff". The "Request to Staff" must have been submitted within 7 days of the incident. Do not include/attach anything to this grievance except the "Request to Staff" including the response. You may quote from or make reference to statutes, operations, field, or administrative memoranda, department publications (time sheets, inventory forms, assessments, etc.). You will be permitted only one opportunity to correct any error(s) made in submitting your grievance.

1. The nature of your complaint. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per grievance. Use backside of this page only, if necessary.

2. Informal action taken (including dates) to resolve the complaint, as well as the names of those employees from whom you sought an answer to your grievance.

3. The action you believe the reviewing authority may lawfully take.

Grievance report sent to (warden/district supervisor/correctional health services administrator): _____

Name _____

Title _____

Signature of Grievant _____

Date Sent to Reviewing Authority _____

1. Original to file
2. Copy to inmate/offender

DOC 090124A (R 7/16)

Must Be Submitted Through the Law Library or Designee
Inmate/Offender Grievance Process

REQUEST TO STAFF

TO: Ray Larimer - CHSA FACILITY/DIST/UNIT: D.C.F. DATE: 5-22-18
(NAME AND TITLE OF STAFF MEMBER)

I have have not already submitted a "Request to Staff" or grievance on this same issue.
If yes, what date: facility: grievance #
I affirm that I do do not have a grievance pending on this issue.
I affirm that I do do not have a lawsuit of any type pending that relates in any way to this issue.
If a lawsuit is pending, indicate case number and court:
This request does does not relate to a pending misconduct report. If it does, this request may only be answered by the disciplinary coordinator assigned to the misconduct.

SUBJECT: State completely, but briefly, the problem on which you desire assistance. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per "Request to Staff." Your failure to specifically state your problem may result in this being returned unanswered.

ON 5-17-18, I wrote 2 sick calls pertaining to 1. The property officer depriving me of my 3 cosmetics that were approved at another facility due to me having "Gender dysphoria". 2. That I have a special clothing order in my medical files for →
(USE OTHER SIDE IF MORE SPACE IS NEEDED. DO NOT ATTACH ADDITIONAL PAGES.)

ACTION REQUESTED: State exactly how you believe your request may be handled; that is, what exactly should be done and how.
Approve my undergarments and order and issue them and
Approve my cosmetics and issue them back to me.

NAME: Carmel Shinson (PRINT) DOC NUMBER: 744017 UNIT & CELL NUMBER: A South 7

SIGNATURE: [Signature] WORK ASSIGNMENT:

DO NOT WRITE BELOW THIS LINE

DISPOSITION:

You are not approved for this.

Ray Larimer Jr
STAFF MEMBER

DATE

6-4-18

Date response sent to inmate: JUN 5 -

1. Original to file
2. Copy to inmate/offender

RECEIVED
JUN 22 2018
GRIEVANCE
DOC 090124D (R 9/16)

under garments due to me having Secondary characteristics
Per OP-1401417, and P.R.E.A. 115.42, I need
my Bra & Panties due to without them it
makes me vulnerable for sexual assault
Due to my nipples showing & my Penis,

Ramarc Jeremy - 7440417

RECEIVED
JUN 22 2016
GRIEVANCE



JOE M. ALLBAUGH
DIRECTOR

MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE REVIEW AUTHORITY

DCF 18-166

Date: JULY 24, 2018
To: JOHNSON, LAMONE #744047
Location: DCF
From: Mark Knutson, Director's Designee *Mark Knutson*

Your grievance/correspondence was filed improperly for the following reason(s):

	1. No facility head response to the grievance.
	2. No informal action or "Request to Staff" response included.
	3. Out of time from date of alleged incident until filing request to staff.
	4. Out of time from date of response to request to staff until filing the grievance with facility head.
	5. Received out of time from date of facility head response
	6. You cannot appeal a non-response. See OP-090124 section IV.C.11. or V.C.4.
X	7. Inmate on grievance restriction and/or proper documentation not included.
	8. Must be legibly written in blue or black ink. No pencil or other color of ink is allowed. No doodling or writing in margins.
	9. Attachments to the grievance/appeal (no additional pages allowed except affidavit if required).
	10. Not an issue grievable to Oklahoma Department of Corrections (Private prison property , misconduct, litigation pending, not within/under the authority/control of the Department of Corrections, etc.)
	11. More than 1 issue - only 1 issue allowed per grievance/Request to Staff
	12. Not of a sensitive/emergency nature. You must follow the standard grievance process including giving the facility an opportunity to respond.
	13. Requests for disciplinary action against staff will not be addressed in the grievance process.
	14. Appeal form not signed/dated.
	15. Grievances shall not be submitted requesting monetary compensation.
	16. The ruling of the Administrative Review Authority or Director's Designee is final.
	17. Facility grievance number not listed on the appeal form.
	18. Additional issues submitted in the grievance appeal and not presented in the initial grievance to the facility head for response, will not be addressed by this office.
X	19. You have failed to follow previous instructions from the reviewing authority or ARA for filing this grievance/appeal and/or properly resubmit. YOU ARE NOW OUT OF TIME.
	20. You did not provide the date that you received the reviewing authority's response on the appeal form.
	21. This grievance is unanswerable as there are no time frames specified for the alleged action(s) to have occurred
	22. You failed to identify your grounds for an appeal by checking one, or both boxes on the appeal form.
	23. Your appeal must be written on the current Misconduct/Grievance Appeal form (DOC060125V effective 4/17).
	24. You will be afforded ONE FINAL opportunity to properly resubmit your corrected grievance/appeal which must be received in ARA within ten (10) days of receipt of this form. DO NOT RETURN THIS FORM WITH YOUR CORRECTED APPEAL.
X	25. Other: AFFIDAVIT NOT SUBMITTED TO THE REVIEWING AUTHORITY AND ARA.

THIS OFFICE WILL NOT PROCESS INCOMPLETE/INACCURATE/OUTDATED APPEAL FORMS

NOTE: Abuse of the grievance process as explained in section IX of OP-090124, will result in restrictions being imposed.

I acknowledge receipt of this response: _____
Inmate's signature and date

P.O. BOX 11400, OKLAHOMA CITY, OK. 73136-0400

GRIEVANCE RETURNED UNANSWERED

FB 212

Received:



Inmate signature

7-9-18

Date

DATE: July 5, 2018
 TO: Johnson, Lamore, #744047
 FROM: Ray Larimer, Health Services Administrator
 Received: July 5, 2018
 RE: Return of Grievance # 2018-1001-00166-G

YOUR GRIEVANCE IS BEING RETURNED UNANSWERED BECAUSE OF THE FOLLOWING:

- ☐ You have not filed your grievance within the specified time frame. **(CANNOT RESUBMIT)**
- ☐ The "Request to Staff" must be submitted within seven (7) days of the incident.
- ☐ The inmate/offender grievance must be submitted by the inmate/offender 15 days from the date of the receipt of the response to the "Request to Staff."
- ☒ An **ANSWERED** Request to Staff form addressed to the correct staff member must be attached.
- ☐ The Request to Staff issue does not match the issue requested on the Grievance.
- ☐ Inmate Request forms are not utilized in the Grievance Process.
- ☐ You have not completed the Grievance form correctly, in its entirety, or on the correct form.
- ☐ Grievances submitted must be **legibly written or typed, in blue or black ink. No pencil, highlighter, or other color of ink is allowed.** No drawing, decorating, doodling, or making comments, in the margins of the pages is permitted.
- ☐ The Grievance must be specific as to the **complaint, dates, places, personnel involved and how the inmate was affected.**
- ☐ Classification Movement requests to transfer to another facility, are not grievable to DOC.
- ☐ If there has not been response to your Request to Staff in 30 days, but no later than 60 days, of submission, the inmate may file a grievance to the reviewing authority with a copy of the "Request to Staff" attached to the grievance form. (Ask the law library supervisor for a copy of the RTS.) The grievance form may only be filed about the lack of response to the "Request to Staff."
- ☐ You cannot grieve more than one **ISSUE** per grievance form.
- ☒ You are on **Grievance Restriction**, proper documentation not included.
- ☐ It has been determined that the grievance is not of an **Emergency or Sensitive** nature, the grievance is being returned and you must comply with the standard grievance process.

- ☐ **NOT A GRIEVABLE ISSUE. Section-09 Programs Page: 3 OP-090124 Effective Date: 07/19/2016**
1. Misconduct reports received through the agency disciplinary procedures may not be appealed through the grievance process. Misconduct reports may only be appealed through the disciplinary appeal process as referenced in OP-060125 entitled "Offender Disciplinary Procedures."
- ☐ **NOT A GRIEVABLE ISSUE. Section-09 Programs Page: 3 OP-090124 Effective Date: 07/19/2016**
2. Grievances may not be submitted about matters that are in the course of litigation.
- ☐ **NOT A GRIEVABLE ISSUE. Section-09 Programs Page: 3 OP-090124 Effective Date: 07/19/2016**
3. Requests for disciplinary action against staff will not be addressed through the grievance process.
- ☐ **NOT A GRIEVABLE ISSUE. Section-09 Programs Page: 3 OP-090124 Effective Date: 07/19/2016**
4. Grievances shall not be submitted requesting monetary compensation.
- ☐ **NOT A GRIEVABLE ISSUE. Section-09 Programs Page: 4 OP-090124 Effective Date: 07/19/2016**
5. Privately contracted facility property issues are not grievable.
- ☐ Property issues may be addressed by utilizing the requirements of CCA Policy 14-6: Inmate Resident Property (Property Claim 14-6D and Appeal 14-6E).
- ☐ **Section-09 Programs Page: 17 OP-090124 Effective Date: 07/19/2016**
A. Determining Abuse of the Grievance Process
1. The appropriate reviewing authority may determine there is abuse or misuse of the grievance process and may restrict the inmate's/offender's ability to submit a grievance. Types of abuse, include, but are not limited to: (PREA 115.52(g))
a. Grievances intended to harass another;
b. The continual and repeated submitting of frivolous grievances (frivolous grievances are those with no basis in fact or law);
c. The repeated submitting of grievances or "Requests to Staff" about an issue previously addressed by staff in their written response;
d. Grievances about de minimis (small, trifling, no available remedy) issues;
e. Repetitive grievances by multiple inmates/offenders about the same issue;
f. An inmate/offender writing letters instead of utilizing the grievance process and failing to bring complaints by formal grievance;
g. Continued procedural defects, such as submitting additional pages, after having been previously warned. **Because of continued abuse of the grievance process this serves as an official warning.**
- ☒ You will be afforded the opportunity to properly re-submit the Grievance within **10 days** of receipt of this notice with the noted corrections completed. The failure of such waives/forfeits the right to proceed in the grievance process.
- ☐ Due to your continued failure to submit a properly filed grievance, you are now **OUT OF TIME**.
- ☒ Other: **Dr. Jones told you that you needed to discuss your diagnosis with your primary QMHP. You have not done this. You need to address this to medical at this facility.**

INMATE/OFFENDER GRIEVANCE

Grievance no. 2018-1001-00166 GGrievance code: 11Response due: 7/24/18

DO NOT WRITE ABOVE THIS LINE

Date 7-1-18Facility or District D.C.FName Camdore Johnson
(Print)Facility Housing Unit AS-222ODOC Number 744017Date "Request to Staff" response received: June 25, 2018

Have you previously submitted a grievance on this same issue? Yes If yes, what date 5-23-18, facility D.C.F, grievance # Mara-1640 You must submit this completed original within 15 days of the receipt of the response to the "Request to Staff". The "Request to Staff" must have been submitted within 7 days of the incident. Do not include/attach anything to this grievance except the "Request to Staff" including the response. You may quote from or make reference to statutes, operations, field, or administrative memoranda, department publications (time sheets, inventory forms, assessments, etc.). You will be permitted only one opportunity to correct any error(s) made in submitting your grievance.

1. The nature of your complaint. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per grievance. Use backside of this page only, if necessary. on 5-1-18 I was at D.C.C.I, I was

Assessed by Dr. Patricia Jones for "Gender dysphoria"
ON 5-23-18, I was informed by D.C.F - CH.S.A. Ray Larimer
that Dr. Patricia Jones sent him a summary order of my

2. Informal action taken (including dates) to resolve the complaint, as well as the names of those employees from whom you sought an answer to your grievance.

RTs to Dr. Patricia Jones (5-23-18)
Emergency Grievance to P.I.A.R.A (5-23-18)

3. The action you believe the reviewing authority may lawfully take.

Diagnose me with the correct criteria of Gender dysphoria
and Re-instate my Hormone therapy which has been discontinued
and altered, I intend with Refer me to outside Gender dysphoria
Specialist.

Grievance report sent to (warden/district supervisor/correctional health services administrator):

Name Ray LarimerTitle C.H.S.ASignature of Grievant Camdore JohnsonDate Sent to Reviewing Authority 7-1-18

DOC 090124A (R 7/16)

1. Original to file
2. Copy to inmate/offender

Gender Dysphoria Evaluation. Denying the criteria of Gender Dysphoria, Removing my Hormone Therapy that was prescribed by an different Physician See: Estelle v. Gamble 429, U.S. at 104-05, See also: White v. Napoleon 697 F.2d 103, 106-10 (3d Cir. 1990) "Prison Doctor Ignored instructions of inmates Prior Physician Regarding treatment of chronic ear infection"

In my case Hormone therapy. See: Steele v. Shah, 87, F.3d 1266, 1270 (11th Cir, 1996) "deliberate indifference for Prison doctor to "discontinue" Psychotropic medications

Prescribed for inmate at previous prison on the basis of one minute interview and without reviewing most medical records.) Wherefore Interfering, Discontinuing, my Hormone therapy which I been on for over 2 years would cause me significant harm Vomiting, Abdominal Pain, Breast Cutting, Self-harm, self Castration, which I Attempted 3 Times In my Adolescent Years, Due to the strong discomfort of my Gender.

See: Estate of Cole v. Frann, 94, F.3d 254 259 (7th Cir. 1996) "Prison officials may be liable for an inmates suicide if they were deliberately indifferent to a substantial suicide risk." Farmer v. Moritts, 163, F.3d 610, 611 (D.C. Cir 1998.)

"this condition also called 'Gender Dysphoria' is commonly accomplished by a desire to change one's anatomic sexual features to conform physically with one's perception of self. to relieve this gender discomfort. Transsexuals may pursue some combination of hormone therapy, surgery and psychological counseling to live in their preferred gender role by dressing naming and conducting themselves in conformity with that gender."

See also: Meyer v. Hanks, 131, F.3d 670, 671 (7th Cir 1997.) Fields v. Smith, 712, F. Supp. 2d 830, 861, 89 (E.D. Wis. 2010)

See: Delonta, 330 F.3d at 634-35; ~~Wheeler v. Barr~~ on 5-23-16

I wrote a RTS to Dr. Patricia Jones addressing these issues on 6-6-18 she responded "You need to discuss your diagnosis with your Primary QMHP. All medication decisions are made by medicals."

RECEIVED
JUL 05 2018
GRIEVANCE

12/01/18
2/06JHCC
Law Library

JUN 05 2018

Received

Must Be Submitted Through the Law Library or Designee
Inmate/Offender Grievance Process
REQUEST TO STAFFTO: Dr. Patricia Jones FACILITY/DIST/UNIT: From D.C. DATE: 5-28-18
(NAME AND TITLE OF STAFF MEMBER) Since 915-1 To: J.H.C.C. Jones

I have ☐ have not ☒ already submitted a "Request to Staff" or grievance on this same issue.
 If yes, what date: _____ facility: _____ grievance #: _____
 I affirm that I do ☐ do not ☒ have a grievance pending on this issue.
 I affirm that I do ☐ do not ☒ have a lawsuit of any type pending that relates in any way to this issue.
 If a lawsuit is pending, indicate case number and court: _____
 This request ☐ does ☒ does not relate to a pending misconduct report. If it does, this request may only be answered by the disciplinary coordinator assigned to the misconduct.

SUBJECT: State completely, but briefly, the problem on which you desire assistance. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per "Request to Staff." Your failure to specifically state your problem may result in this being returned unanswered.

ON 5-1-18 @ Dick Connors CORR Center, You Assessed me for "Gender dysphoria". The conclusion of your "Assessment" was that I did not have "Gender dysphoria" and to stop my current hormone therapy that I was on.
 (USE OTHER SIDE IF MORE SPACE IS NEEDED. DO NOT ATTACH ADDITIONAL PAGES.)

ACTION REQUESTED: State exactly how you believe your request may be handled; that is, what exactly should be done and how.

Diagnose me with the correct criteria of Gender dysphoria and re-instate my hormone therapy, which has been discontinued.

NAME: Lelaine Johnson DOC NUMBER: 944047 UNIT & CELL NUMBER: AS-222SIGNATURE: (PRINT) Ms. (Lelaine) Johnson WORK ASSIGNMENT: # Trans Pride

DO NOT WRITE BELOW THIS LINE

DISPOSITION:

You need to discuss your diagnosis with your primary M.D. all medication decisions are made by medical. RECEIVED
JUN 06 2018

Dr. Jones

STAFF MEMBER

6/6/18
DATEJHCC
MHU-UNIT

Date response sent to inmate: _____

1. Original to file
2. Copy to inmate/offender

JUN 25

RECEIVED
JUL 0 2018
DOC 090124D (R 9/16)

GRIEVANCE

and has been receiving since before my
 incarceration which violates the Eight Amendment
 of the U.S. Constitution See: Estelle v. Gamble
 429 U.S. at 104-05, See also: White v. Napoleon
 897 F.2d 103, 106-10 (3d Cir. 1990) "Prison
 Doctor Ignored instructions of inmates' Prior Physician
 Regarding treatment of chronic ear infection. Is
 my case my "Hormone Replacement Therapy". See:
 Steele v. Shah, 87 F.3d 1266, 1270 (11th Cir. 1996)
 "deliberate indifference for Prison doctor to "discontinue"
 PS Chotropic medications Prescribed for inmate at
 Previous Prison on the basis of one minute Interview
 and without reviewing most medical records.) Whereby
 Interfering, Discontinuing my Hormone therapy which I been on
 for over 2 years would cause me significant harm
 Vomiting, Abdominal Pain, Breast swelling, Cancer,
 Depression and could possibly lead up to cutting, self-
 harm, self-castration, which I attempted 3 times in my
 Adolescent Years Due to the strong discomfort of my
 Gender. See: Estate of Cole v. Fromm, 94 F.3d
 254 259, (7th Cir. 1996) "Prison officials may be liable
 for an inmates suicide if they were deliberately
 indifferent to a substantial suicide risk." Farmer v. Morris
 163 F.3d 601, 611 (D.C. Cir. 1998) "this condition, also called
 Gender dysphoria" is commonly accompanied by a desire to
 change one's anatomic sexual features to conform physically
 with one's perception of self. to relieve this gender discomfort
 Transsexuals may pursue some combination of hormone therapy
 surgery and psychological counseling
 to live in their preferred gender role by dressing femininely and
 conducting themselves in conformity with that gender."
 See also: Maggert v. Hanks, 131 F.3d 670, 671 (7th Cir. 1997)
 Fields v. Smith, 712 F.Supp.2d 836, 867-69 (E.D. Wis. 2010)
 See: DeLonta, 330 F.3d at 634-35, Wolfe v. Horn
 131 F.3d at 1046-47 (9th Cir. 1997) 131 F.Supp.2d 836

JUL 05 2018

GRIEVANCE

GRIEVANCE RETURNED UNANSWEREDFB
2/2

Received:

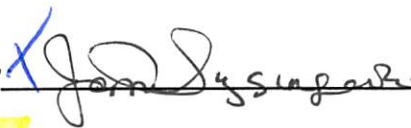


Inmate signature

8-6-18

Date

DATE: July 27, 2018
 TO: Johnson, Lamone, #744047
 FROM: Ray Larimer, Health Services Administrator
 Received: July 27, 2018
 RE: Return of Grievance # 2018-1001-00179-G

**YOUR GRIEVANCE IS BEING RETURNED UNANSWERED BECAUSE OF THE FOLLOWING:**

- ☒ You have not filed your grievance within the specified time frame. **(CANNOT RESUBMIT)**
- ☐ The "Request to Staff" must be submitted within seven (7) days of the incident.
- ☒ The inmate/offender grievance must be submitted by the inmate/offender 15 days from the date of the receipt of the response to the "Request to Staff."
- ☐ An **ANSWERED** Request to Staff form addressed to the correct staff member must be attached.
- ☐ The Request to Staff issue does not match the issue requested on the Grievance.
- ☐ Inmate Request forms are not utilized in the Grievance Process.
- ☐ You have not completed the Grievance form correctly, in its entirety, or on the correct form.
- ☐ Grievances submitted must be **legibly written or typed, in blue or black ink. No pencil, highlighter, or other color of ink is allowed.** No drawing, decorating, doodling, or making comments, in the margins of the pages is permitted.
- ☐ The Grievance must be specific as to the **complaint, dates, places, personnel involved and how the inmate was affected.**
- ☐ Classification Movement requests to transfer to another facility, are not grievable to DOC.
- ☐ If there has not been response to your Request to Staff in 30 days, but no later than 60 days, of submission, the inmate may file a grievance to the reviewing authority with a copy of the "Request to Staff" attached to the grievance form. (Ask the law library supervisor for a copy of the RTS.) The grievance form may only be filed about the lack of response to the "Request to Staff."
- ☐ You cannot grieve more than one **ISSUE** per grievance form.
- ☒ You are on **Grievance Restriction**, proper documentation not included.
- ☐ It has been determined that the grievance is not of an **Emergency or Sensitive** nature, the grievance is being returned and you must comply with the standard grievance process.

- ☐ **NOT A GRIEVABLE ISSUE. Section-09 Programs Page: 3 OP-090124 Effective Date: 07/19/2016**
1. Misconduct reports received through the agency disciplinary procedures may not be appealed through the grievance process. Misconduct reports may only be appealed through the disciplinary appeal process as referenced in OP-060125 entitled "Offender Disciplinary Procedures."
- ☐ **NOT A GRIEVABLE ISSUE. Section-09 Programs Page: 3 OP-090124 Effective Date: 07/19/2016**
2. Grievances may not be submitted about matters that are in the course of litigation.
- ☐ **NOT A GRIEVABLE ISSUE. Section-09 Programs Page: 3 OP-090124 Effective Date: 07/19/2016**
3. Requests for disciplinary action against staff will not be addressed through the grievance process.
- ☐ **NOT A GRIEVABLE ISSUE. Section-09 Programs Page: 3 OP-090124 Effective Date: 07/19/2016**
4. Grievances shall not be submitted requesting monetary compensation.
- ☐ **NOT A GRIEVABLE ISSUE. Section-09 Programs Page: 4 OP-090124 Effective Date: 07/19/2016**
5. Privately contracted facility property issues are not grievable.
- ☐ Property issues may be addressed by utilizing the requirements of CCA Policy 14-6: Inmate Resident Property (Property Claim 14-6D and Appeal 14-6E).
- ☐ **Section-09 Programs Page: 17 OP-090124 Effective Date: 07/19/2016**
A. Determining Abuse of the Grievance Process
1. The appropriate reviewing authority may determine there is abuse or misuse of the grievance process and may restrict the inmate's/offender's ability to submit a grievance. Types of abuse, include, but are not limited to: (PREA 115.52(g))
a. Grievances intended to harass another;
b. The continual and repeated submitting of frivolous grievances (frivolous grievances are those with no basis in fact or law);
c. The repeated submitting of grievances or "Requests to Staff" about an issue previously addressed by staff in their written response;
d. Grievances about de minimis (small, trifling, no available remedy) issues;
e. Repetitive grievances by multiple inmates/offenders about the same issue;
f. An inmate/offender writing letters instead of utilizing the grievance process and failing to bring complaints by formal grievance;
g. Continued procedural defects, such as submitting additional pages, after having been previously warned. **Because of continued abuse of the grievance process this serves as an official warning.**
- ☐ You will be afforded the opportunity to properly re-submit an **ORIGINAL** Grievance within **10 days** of receipt of this notice with the noted corrections completed. The failure of such waives/forfeits the right to proceed in the grievance process.
- ☐ Due to your continued failure to submit a properly filed grievance, you are now **OUT OF TIME**.
- ☒ Other: **The RTS was returned to you on 7/9/18 and your grievance was not received until 7/27/18, 18 days later. You are on grievance restriction and you did not attach an affidavit with your grievance and RTS.**

INMATE/OFFENDER GRIEVANCE

RECEIVED
JUL 27 2016
GRIEVANCE

Grievance no. 2018-1001-001796Grievance code: 7Response due: 8/15/18

DO NOT WRITE ABOVE THIS LINE

Date 7-16-18Facility or District Davis Correctional FacilityName Lamone Johnson
(Print)Facility Housing Unit FB-212ODOC Number 744047Date "Request to Staff" response received: 7-9-18

Have you previously submitted a grievance on this same issue? No If yes, what date No, facility No, grievance # No. You must submit this completed original within 15 days of the receipt of the response to the "Request to Staff". The "Request to Staff" must have been submitted within 7 days of the incident.

Do not include/attach anything to this grievance except the "Request to Staff" including the response. You may quote from or make reference to statutes, operations, field, or administrative memoranda, department publications (time sheets, inventory forms, assessments, etc.). You will be permitted only one opportunity to correct any error(s) made in submitting your grievance.

- The nature of your complaint. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per grievance. Use backside of this page only, if necessary. On 6-22-18, I wrote a Request for Staff Health Services to D.C.F Medical Center, for an Renewal on my Derma Daily W Aloe Vera" on 6-27-18, I Received a Response Denying me My "Derma Daily W Aloe Vera" Informing me to Purchase off Canteen. This Specific lotion was Prescribed to me Due to Dry Skin and my Eczema and is very effectively for my
- Informal action taken (including dates) to resolve the complaint, as well as the names of those employees from whom you sought an answer to your grievance.

Request to health services - 6-22-18
Request to staff 7-1-18 - Ray Larimer

- The action you believe the reviewing authority may lawfully take.

Reorder my Prescribe treatment and continue to provide my treatment.

Grievance report sent to (warden/district supervisor/correctional health services administrator):

Name Ray LarimerTitle C.H.S.ASignature of Grievant Lamone JohnsonDate Sent to Reviewing Authority 7-16-18

DOC 090124A (R 7/16)

- Original to file
- Copy to inmate/offender

Treatment. to ~~be~~ deny me medical care is an eighth Amendment violation.

Due to me being indigent I cannot purchase this item from canteen.

and The Davis corr. Facility does not have this specific lotion on canteen

See: Estelle v. Gamble 429 U.S. at 104-05, see also White v. Napolean
499 F.2d 103, 106-10 (3d Cir. 1990) See: Steele v. Shah, 47 F.3d 1266, 1270

(1st Cir, 1996.) AS well as side effects of Estradiol, Spironolactone
is dry skin which I Am on as well.

RECEIVED
JUL 27 2018
GRIEVANCE

**Must Be Submitted Through the Law Library or Designee
Inmate/Offender Grievance Process
REQUEST TO STAFF**

TO: CHS A. Ray-Larmer FACILITY/DIST/UNIT: D.C.F. DATE: 7-1-18
(NAME AND TITLE OF STAFF MEMBER)

I have have not already submitted a "Request to Staff" or grievance on this same issue.
If yes, what date: facility: grievance #:
I affirm that I do do not have a grievance pending on this issue.
I affirm that I do do not have a lawsuit of any type pending that relates in any way to this issue.
If a lawsuit is pending, indicate case number and court:
This request does does not relate to a pending misconduct report. If it does, this request may only be answered by the disciplinary coordinator assigned to the misconduct.

SUBJECT: State completely, but briefly, the problem on which you desire assistance. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per "Request to Staff." Your failure to specifically state your problem may result in this being returned unanswered.

On 6-22-18, I wrote a Request for Health Services to D.C.F Medical Center, for an Renewal on my "Derma Daily w Aloe Vera" On 6-27-18 I Received a Response Denying me my "Derma Daily w Aloe Vera" Informing me to Purchase of Camdentor-7
(USE OTHER SIDE IF MORE SPACE IS NEEDED. DO NOT ATTACH ADDITIONAL PAGES.)

ACTION REQUESTED: State exactly how you believe your request may be handled; that is, what exactly should be done and how.

Renew my Derma Daily w Aloe Vera and Issue to me at KAP Cde.

NAME: Lamete Johnson DOC NUMBER: 744417 UNIT & CELL NUMBER: 1500
(PRINT)
SIGNATURE: [Signature] WORK ASSIGNMENT: FB22

DO NOT WRITE BELOW THIS LINE

DISPOSITION:

You do not have a medical need in this - you may purchase lotion from commissary

[Signature]
STAFF MEMBER

DATE

JUL 9

7-5-18
RECEIVED
JUL 27 2018
GRIEVANCE

Date response sent to inmate:

1. Original to file
2. Copy to inmate/offender

DOC 090124D (R 9/16)

This prescription has been prescribed to me for dry skin and eczema, and is very effective for my treatment. To deny me medical care is an eight Amendment Violation. Due to me being indigent I cannot purchase this item from cancer. See: Estelle v. Gamble 429 U.S. at 104-05, See also: White v. Napolen 897 F.2d. 103, 106-10 (3d Cir. 1990) See: ~~Steele~~ Steele v. Shah, 87 F.3d. 1266, 1279, (11th Cir. 1996)

RECEIVED
JUL 27 2010
GRIEVANCE

FBS

Grievance Decision from Reviewing Authority

Inmate/Offender Name: Johnson, Lamone DOC Number: 744047
 Receipt Date: 01/16/19 Grievance Category Code: 7 Grievance Number: 2019-1001-00038-G

1. Discrimination 3. Complaint against staff 5. Disciplinary process 7. Medical 9. Records/Sentence Admin.
 2. Classification 4. Condition of confinement 6. Legal 8. Property/Trust Fund 10. Religion 11. Personal Identity
 Decision:

Inmate Johnson said that on 12/31/18 that he received inadequate medical care and wanted to be seen by a doctor.

After an investigation of the matter by Ray Larimer, Health Services Administrator, Inmate Johnson is being scheduled with a facility provider.

Inmate Johnson's **RELIEF IS GRANTED**.

X [Signature]
 Reviewing Authority – Facility Health Services Admin (medical issues)

X 01/24/19
 Date

X [Signature]
 Review Authority – Facility/District/Unit Head

X 1-25-19
 Date

I have received the copy of the response of the reviewing authority.

X [Signature]
 Signature of Grievant

X 2-1-19
 Date

Terry Underwood
 Signature of Staff Witness and Printed Name of Witness

2-1-19
 Date

You may appeal to the Administrative Review Authority or Personal Identity ARA at Department of Corrections, P.C Box 11400, Oklahoma City, OK 73136-0400 or Medical ARA at 2901 N. Classen Blvd, Suite 200, Oklahoma City, OK 73106, within 15 days of the receipt of response using only DOC Form 060125V entitled "Misconduct/Grievance Appeal to Administrative Review Authority." Do not send this decision to the Administrative Review Authority or Medical ARA

1. Original to file
2. Copy to inmate/offender

DOC 090124B (R 07/16)

INMATE/OFFENDER GRIEVANCE

Grievance no. 2019-1001-00038-6Grievance code: 7Response due: 2/4/19

DO NOT WRITE ABOVE THIS LINE

Date 1-11-19Facility or District Davis County FacilityName Lamone Johnson
(Print)Facility Housing Unit FD-210ODOC Number 744047Date "Request to Staff" response received: 1-7-19

Have you previously submitted a grievance on this same issue? No If yes, what date _____, facility _____, grievance # _____. You must submit this completed original within 15 days of the receipt of the response to the "Request to Staff". The "Request to Staff" must have been submitted within 7 days of the incident. Do not include/attach anything to this grievance except the "Request to Staff" including the response. You may quote from or make reference to statutes, operations, field, or administrative memoranda, department publications (time sheets, inventory forms, assessments, etc.). You will be permitted only one opportunity to correct any error(s) made in submitting your grievance.

- The nature of your complaint. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per grievance. Use backside of this page only, if necessary. On 12-31-18, I filed a "Request to Health Services" stating that I had a hemorrhoid. On 1-1-19, I was taken to Satellite Medical, where I received inadequate medical care. The nurse stuck her finger in my rectum.
- Informal action taken (including dates) to resolve the complaint, as well as the names of those employees from whom you sought an answer to your grievance. Request to Health Services 12-31-18, - unknown nurse.
Request to Staff (RTS) - Ray Larimer - 1-2-19
- The action you believe the reviewing authority may lawfully take. Reimburse \$4.00 copay or set appt with doctor for examination of rectum.

Grievance report sent to (warden/district supervisor/correctional health services administrator):

Name Ray LarimerTitle CHSASignature of Grievant Lamone JohnsonDate Sent to Reviewing Authority 1-11-19RECEIVED
JAN 16 2019

DOC 090124A (R 7/16)

1. Original to file
2. Copy to inmate/offender

GRIEVANCE

and told me there was "nothing there". When indeed there is a small Ball that has formed after the opening of my Anus. (Rectum walls) I told her where it was, she still insisted "there's nothing there." therefore I received inadequate Medical care

on 1-2-19, I wrote a RTS to Ray Larimer C.H.S.A about these issues, Hoping they would easily be resolved. I was asking for relief, that "I should be properly examined by a doctor to be informed of what this lump, Ball is. Inside my Anus/Rectum. as well as reimbursed my \$4.00 Co. Pay for not receiving Proper (adequate) care that was Paid for.

On 1-7-19 he responded "You may submit a request to health Services Doc 140117A" which indeed would have me paying another

Footnote: Lancaster V. Monroe county
116 F.3d at 1425

\$4.00 for more inadequate care.

1. "an official acts with deliberate indifference when he knows that an inmate is in serious need of medical care, but he fails or refuses to obtain medical treatment for the inmate.

RECEIVED
JAN 16 2019
GRIEVANCE

Must Be Submitted Through the Law Library of Designee

Inmate/Offender Grievance Process

REQUEST TO STAFF

TO: Ray Lammer-CHSA FACILITY/DIST/UNIT: Doc F DATE: 1-2-19
 (NAME AND TITLE OF STAFF MEMBER)

I have have not ☒ already submitted a "Request to Staff" or grievance on this same issue.
 If yes, what date: facility: grievance #:
 I affirm that I do do not ☒ have a grievance pending on this issue.
 I affirm that I do do not ☒ have a lawsuit of any type pending that relates in any way to this issue.
 If a lawsuit is pending, indicate case number and court:
 This request does ☒ does not relate to a pending misconduct report. If it does, this request may only be answered by the disciplinary coordinator assigned to the misconduct.

SUBJECT: State completely, but briefly, the problem on which you desire assistance. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per "Request to Staff." Your failure to specifically state your problem may result in this being returned unanswered.

ON 12-31-18, I filed a "request to health services,"
alleging that I had a hemroid, ON 1-1-19, I was taken
to Satellite Medical, where I received inadequate medical
care. The nurse stuck her finger in my rectum and told me
 (USE OTHER SIDE IF MORE SPACE IS NEEDED. DO NOT ATTACH ADDITIONAL PAGES.)

ACTION REQUESTED: State exactly how you believe your request may be handled; that is, what exactly should be done and how.

I should be properly examined by a doctor to be informed
of what this lump, ball, is. Inside my anus/rectum. as well as
reimbursed my \$4.00 co-pay, for not receiving proper care that
was paid for.

NAME: Lamone Johnson DOC NUMBER: 744047 UNIT & CELL NUMBER: Fg-2b
 (PRINT)

SIGNATURE: [Signature] WORK ASSIGNMENT:

DO NOT WRITE BELOW THIS LINE

DISPOSITION:

You may submit a request for health services
Doc 140117A.

STAFF MEMBER

Date response sent to inmate: JAN 8

1. Original to file
2. Copy to inmate/offender

RECEIVED
 DATE
 JAN 16 2019
GRIEVANCE

DOC 090124D (R 9/16)

that there "was nothing there." When in actuality there is indeed a Ball that has formed after the opening of my anus, I told her where it was, she still insisted "there's nothing there." Therefore I received "inadequate medical care"

1. Lancaster v. Monroe County 116 F.3d at 1475 (clearly established that "an official acts with deliberate indifference when he knows that an inmate is in serious need of medical care, but he fails or refuses to obtain medical treatment for the inmate")

RECEIVED

JAN 16 2019

GRIEVANCE

GRIEVANCE RETURNED UNANSWERED

FD 210

Received:

X 
Inmate signature

X 2-15-19
Date

DATE: January 30, 2019
TO: Johnson, Lamone, #744047
FROM: James Yates, Warden X
Received: January 28, 2019
RE: Return of Grievance # 2019-1001-00046-G

YOUR GRIEVANCE IS BEING RETURNED UNANSWERED BECAUSE OF THE FOLLOWING:

- ☐ You have not filed your grievance within the specified time frame. (CANNOT RESUBMIT)
- ☐ The "Request to Staff" must be submitted **within seven (7) days of the incident.**
- ☐ The inmate/offender grievance must be submitted by the inmate/offender 15 days from the **date of the receipt of the response to the "Request to Staff."**
- ☐ An ANSWERED Request to Staff form addressed to the correct staff member must be attached.
- ☐ The Request to Staff issue is not consistent with the issue requested on the Grievance.
- ☐ Inmate Request forms are not utilized in the Grievance Process.
- ☐ You have not completed the Grievance form correctly, in its entirety, or on the correct form.
- ☐ Grievances submitted must be legibly written or typed, in blue or black ink. No pencil, highlighter, or other color of ink is allowed. No drawing, decorating, doodling, or making comments, in the margins of the pages is permitted.
- ☐ The Grievance must be specific as to the Complaint, Dates, Places, Personnel Involved and How the Inmate was Affected.
- ☐ Classification Movement requests to transfer to another facility, are not grievable to DOC.
- ☐ If there has not been response to your Request to Staff in 30 days, but no later than 60 days, of submission, the inmate may file a grievance to the reviewing authority with a copy of the "Request to Staff" attached to the grievance form. (Ask the law library supervisor for a copy of the RTS.) The grievance form may only be filed about the lack of response to the "Request to Staff."
- ☐ Only ONE ISSUE OR INCIDENT is allowed per grievance.
- ☐ You are on Grievance Restriction, proper documentation was not included.
- ☐ It has been determined that the grievance is not of an Emergency or Sensitive nature. the grievance is being returned and you must comply with the standard grievance process.

- ☐ **NOT A GRIEVABLE ISSUE. Section-09 Programs Page: 4 OP-090124 Effective Date: 10/18/2017**
1. Misconduct reports received through the agency disciplinary procedures may not be appealed through the grievance process. Misconduct reports may only be appealed through the disciplinary appeal process as referenced in OP-060125 entitled "Inmate/Offender Disciplinary Procedures."
- ☐ **NOT A GRIEVABLE ISSUE. Section-09 Programs Page: 4 OP-090124 Effective Date: 10/18/2017**
2. Grievances shall not be submitted about matters that are in the course of litigation.
- ☐ **NOT A GRIEVABLE ISSUE. Section-09 Programs Page: 4 OP-090124 Effective Date: 10/18/2017**
3. Grievances shall not be submitted that include requests for disciplinary action against staff.
- ☐ **NOT A GRIEVABLE ISSUE. Section-09 Programs Page: 4 OP-090124 Effective Date: 10/18/2017**
4. Grievances shall not be submitted requesting monetary compensation.
- ☒ **NOT A GRIEVABLE ISSUE. Section-09 Programs Page: 4 OP-090124 Effective Date: 10/18/2017**
5. Property issues at privately contracted facilities are to be resolved by the privately contracted facility and are not grievable or appealable to ARA.
- ☒ Property issues may be addressed by utilizing the requirements of CCA Policy 14-6: Inmate Resident Property (Property Claim 14-6D and Appeal 14-6E).
- ☐ **ABUSE OF THE GRIEVANCE PROCESS**
Section-09 Programs Page: 17 OP-090124 Effective Date: 10/18/2017
A. Determining Abuse of the Grievance Process
1. The appropriate reviewing authority may determine there is abuse or misuse of the grievance process and may restrict the inmate's/offender's ability to submit a grievance. Types of abuse, include, but are not limited to: (PREA 115.52(g))
- ☐ a. Grievances intended to harass another;
- ☐ b. The continual and repeated submitting of frivolous grievances (frivolous grievances are those with no basis in fact or law);
- ☐ c. The repeated submitting of grievances or "Requests to Staff" about an issue previously addressed by staff in their written response;
- ☐ d. Grievances about de minimis (small, trifling, no available remedy) issues;
- ☐ e. Repetitive grievances by multiple inmates/offenders about the same issue;
- ☐ f. An inmate/offender writing letters instead of utilizing the grievance process and failing to bring complaints by formal grievance;
- ☐ g. Continued procedural defects, such as submitting additional pages, after having been previously warned.
- ☐ **Because of continued abuse of the grievance process this serves as an official warning.**
- ☐ You will be afforded the opportunity to properly re-submit an **ORIGINAL GRIEVANCE** within **10 days** of receipt of this notice **WITH THE NOTED CORRECTIONS COMPLETED**. The failure of such waives/forfeits the right to proceed in the grievance process.
- ☐ Due to your continued failure to submit a properly filed grievance, you are now **OUT OF TIME**.
- ☐ Other: _____

INMATE/OFFENDER GRIEVANCE

Grievance no. 2019-1001-00046-GGrievance code: 8Response due: 2/19/19

DO NOT WRITE ABOVE THIS LINE

Date 1-20-19Facility or District D.C.FName Lamone Johnson
(Print)Facility Housing Unit FD-210ODOC Number 17440417Date "Request to Staff" response received: 1-17-19

Have you previously submitted a grievance on this same issue? NO If yes, what date NO, facility NO, grievance # NO. You must submit this completed original within 15 days of the receipt of the response to the "Request to Staff". The "Request to Staff" must have been submitted within 7 days of the incident. Do not include/attach anything to this grievance except the "Request to Staff" including the response. You may quote from or make reference to statutes, operations, field, or administrative memoranda, department publications (time sheets, inventory forms, assessments, etc.). You will be permitted only one opportunity to correct any error(s) made in submitting your grievance.

1. The nature of your complaint. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per grievance. Use backside of this page only, if necessary. On 12-26-18, my laundry bag was not returned inside was 2-towels, 2-sheets, 2-wash clothes, 2-t-shirts, 2-socks 2-Boxers, all state clothing. on 1-4-19. I wrote a RTS to Laundry about this issue. on 1-17-19. I received a response claiming there records show it went back to the unit." →
2. Informal action taken (including dates) to resolve the complaint, as well as the names of those employees from whom you sought an answer to your grievance. RTS to Laundry 1-4-19

3. The action you believe the reviewing authority may lawfully take.

replace state issued clothing.

Grievance report sent to (warden/district supervisor/correctional health services administrator):

Name James YatesTitle Warden-Facility HeadSignature of Grievant Lamone JohnsonDate Sent to Reviewing Authority 1-20-19

DOC 090124A (R 7/16)

1. Original to file
2. Copy to inmate/offender

this was false. I have still failed to receive my
laundry bag with state issue clothing.

RECEIVED
JAN 28 2019
GRIEVANCE

1/20/19
01/6/19

**Must Be Submitted Through the Law Library or Designee
Inmate/Offender Grievance Process
REQUEST TO STAFF**

TO: Laundry FACILITY/DIST/UNIT: D.C.F. DATE: 1-4-19
(NAME AND TITLE OF STAFF MEMBER)

I have ☐ have not ☒ already submitted a "Request to Staff" or grievance on this same issue.
If yes, what date: _____ facility: _____ grievance #: _____
I affirm that I do ☐ do not ☒ have a grievance pending on this issue.
I affirm that I do ☐ do not ☒ have a lawsuit of any type pending that relates in any way to this issue.
If a lawsuit is pending, indicate case number and court: _____
This request ☐ does ☒ does not relate to a pending misconduct report. If it does, this request may only be answered by the disciplinary coordinator assigned to the misconduct.

RECEIVED
JAN 07 2019
LAW LIBRARY

SUBJECT: State completely, but briefly, the problem on which you desire assistance. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per "Request to Staff." Your failure to specifically state your problem may result in this being returned unanswered.

on 12-26-18, I Lost my Laundry bag inside was 2-Towels
2-Sheets, 2-Wash clothes, 2-T-shirts, 2-Socks, 2-Boxers. State
Clothing.

(USE OTHER SIDE IF MORE SPACE IS NEEDED. DO NOT ATTACH ADDITIONAL PAGES.)

ACTION REQUESTED: State exactly how you believe your request may be handled; that is, what exactly should be done and how.

Please replace Listed State Clothing and Laundry bag.

NAME: Lamone Johnson (PRINT) DOC NUMBER: 7440417 UNIT & CELL NUMBER: FD-26

SIGNATURE: Lamone Johnson WORK ASSIGNMENT: _____

DO NOT WRITE BELOW THIS LINE

DISPOSITION:

no. Our records shows it went back to
the unit.

W. Christie 1-17-19
STAFF MEMBER DATE

Date response sent to inmate: _____

1. Original to file
2. Copy to inmate/offender

RECEIVED
JAN 28 2019
GRIEVANCE

DOC 090124D (R 9/16)

Grievance Decision from Reviewing Authority

Inmate/Offender

Name: Johnson, Lamone

DOC

Number 744047

Receipt Date: 02/26/2019 Grievance Category Code: 4 Grievance Number: 2019-1001-00102-G

- | | | | | |
|-------------------|-----------------------------|-------------------------|------------------------|----------------------------|
| 1. Discrimination | 3. Complaint against staff | 5. Disciplinary process | 7. Medical | 9. Records/Sentence Admin. |
| 2. Classification | 4. Condition of confinement | 6. Legal | 8. Property/Trust Fund | 10. Religion |
| | | | 11. Personal Identity | |

Decision: **AMENDED RESPONSE**

Inmate Johnson requested that all 11 inmates he listed on his PMI have non-associations placed on them.

After further investigation of the matter by Shanna Taylor, Case Manager it was determined that non-associations have been completed on ten of the inmates listed. Inmate Kevin Hill will require further investigation. Inmate Johnson will have to provide additional information for a non-association to be filed on I/M Kevin Hill.

Inmate Johnson's **RELIEF IS PARTIALLY GRANTED.**

Reviewing Authority – Facility Health Services Admin (medical issues)

Date

Review Authority – Facility/District/Unit Head

Date

I have received the copy of the response of the reviewing authority.

Signature of Grievant

Date

Signature of Staff Witness and Printed Name of Witness

Date

You may appeal to the Administrative Review Authority or Personal Identity ARA at Department of Corrections, P.C Box 11400, Oklahoma City, OK 73136-0400 or Medical ARA at 2901 N. Classen Blvd, Suite 200, Oklahoma City, OK 73106, within 15 days of the receipt of response using only DOC Form 060125V entitled "Misconduct/Grievance Appeal to Administrative Review Authority." Do not send this decision to the Administrative Review Authority or Medical ARA

1. Original to file

2. Copy to inmate/offender

DOC 090124B (R 07/16)

JOE M. ALLBAUGH
DIRECTOR

J. KEVIN STITT
GOVERNOR



STATE OF OKLAHOMA
OKLAHOMA DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE REVIEW AUTHORITY

April 18, 2019

JOHNSON, LAMONE #744047
DCF 19-102

Mr. Johnson,

Your grievance is being reviewed. Based on the information provided to this office, I have forwarded your grievance to the Warden at DCF for further review and investigation. An amended response will be provided by the reviewing authority within twenty (20) days of receipt of this request.

If, after receiving and reviewing the amended response, you believe that you have grounds for an appeal as specified on OP-090124 entitled "Inmate/Offender Grievance Process" section VII.A., you may do so within the guidelines stipulated in policy.

Sincerely,

Mark Knutson

Mark Knutson, Director's Designee

The inmate/offender received a copy of this response _____
Signature and date

Grievance Decision from Reviewing Authority

Inmate/Offender Name: Johnson, Lamone DOC Number: 744047
 Receipt Date: 02/26/2019 Grievance Category Code: 4 Grievance Number: 2019-1001-00102-G

1. Discrimination 3. Complaint against staff 5. Disciplinary process 7. Medical 9. Records/Sentence Admin.
 2. Classification 4. Condition of confinement 6. Legal 8. Property/Trust Fund 10. Religion 11. Personal Identity
 Decision:

Inmate Johnson requested that all 11 inmates he listed on his PMI have non-associations placed on them.

After an investigation of the matter by Shanna Taylor, Case Manager, she will place non-associations on all the inmates he listed on his PMI.

Inmate Johnson's **RELIEF IS GRANTED.**

Reviewing Authority – Facility Health Services Admin (medical issues)

Date

Review Authority – Facility/District/Unit Head

Date

I have received the copy of the response of the reviewing authority.

Signature of Grievant

Date

Signature of Staff Witness and Printed Name of Witness

Date

You may appeal to the Administrative Review Authority or Personal Identity ARA at Department of Corrections, P.C Box 11400, Oklahoma City, OK 73136-0400 or Medical ARA at 2901 N. Classen Blvd, Suite 200, Oklahoma City, OK 73106, within 15 days of the receipt of response using only DOC Form 060125V entitled "Misconduct/Grievance Appeal to Administrative Review Authority." Do not send this decision to the Administrative Review Authority or Medical ARA

1. Original to file
2. Copy to inmate/offender

DOC 090124B (R 07/16)

INMATE/OFFENDER GRIEVANCE

Grievance no. 2018-1001-CO 102-GGrievance code: 4Response due: 3/18/19

DO NOT WRITE ABOVE THIS LINE

Date 2-21-19Facility or District Davis Corr FacilityName Lamone JohnsonFacility Housing Unit FOX delta-210

(Print)

ODOC Number 744047Date "Request to Staff" response received: 2-21-19

Have you previously submitted a grievance on this same issue? NO If yes, what date N/A, facility N/A, grievance # N/A. You must submit this completed original within 15 days of the receipt of the response to the "Request to Staff". The "Request to Staff" must have been submitted within 7 days of the incident. Do not include/attach anything to this grievance except the "Request to Staff" including the response. You may quote from or make reference to statutes, operations, field, or administrative memoranda, department publications (time sheets, inventory forms, assessments, etc.). You will be permitted only one opportunity to correct any error(s) made in submitting your grievance.

1. The nature of your complaint. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per grievance. Use backside of this page only, if necessary. on 1-23-19, I was informed by inmates that I was going to get killed by neighbor hoods. 60's, 90's. I would like Non-associations on the inmates that threatened me. On 1-25-19, I wrote a Request to staff (RTS) to my case manager MS. Tallor about placing the Non-associations on all the
2. Informal action taken (including dates) to resolve the complaint, as well as the names of those employees from whom you sought an answer to your grievance.

RTS to MS. Tallor 1-25-19Verbal conversation 2-14-19Protective Measures Investigation (PMI) w MS. Tallor

3. The action you believe the reviewing authority may lawfully take.

Place Non-associations on all "H" Inmates Listed

Grievance report sent to (warden/district supervisor/correctional health services administrator):

Name James YatesTitle Warden - Facility headSignature of Grievant Bonnie JohnsonDate Sent to Reviewing Authority 2-22-19

Signature of Grievant

Date Sent to Reviewing Authority

DOC 090124A (R 7/16)

1. Original to file
2. Copy to inmate/offender

Inmates that was paid to kill me and my celly Marquis Porter because my celly came out as gay. He was from neighbor hood 60's & 90's they told him they was gone kill him if he stayed on the Facility or if he went anywhere else where neighborhoods were. I as a Transgender belonging to the "LGBTQIP" Community, (Acronym for Lesbian, Gay, Bi-Sexual, Transgender, Queer, Intersex, Pan-sexual.) stood up for him because as "Gay's and Transgender's" we stick together. So the same people who they paid to harm him? is also paid to harm me. Ms. Taylor, filled out our PMI (Protective Measures Investigation) on 2-18-19. On 2-19-19, she informed us verbally that she can only place Non-Associations on inmates at Davis correctional facility, which is invalid. If I am sent anywhere where the people Col. Phillip Mills, 2. Terrance McNeal, 3. Sedric Wilson 4. R.D. Dial, 5. Lamonn Blonner, 6. Dwayne Hickman 7. Joseph Berry, 8. Kevin Hill, 9. Ode White, 10. Jeremy McEllyhen, 11. Joshua Tyler, are being housed (detained) I am being put in harms way. which violates my U.S Constitutional rights of the Eighth Amendment. (See Farmer v. Brennan, 511 U.S. 825 (1994)). (See also Johnson v. Johnson, 385 F.3d 503 (5th Cir. 2004)) If Officials deny us protection because of our sexual orientation and/or Gender identity. It violates our Equal Protection rights (Id. Johnson v. Johnson 385 F.3d 503, 532 (5th Cir. 2004)) wherefore Ms. Taylor has met the deliberate indifference requirement.

RECEIVED
FEB 26 2019
GRIEVANCE

Must Be Submitted Through the Law Library or Designee

Inmate/Offender Grievance Process

REQUEST TO STAFF

TO: MS. Taylor CM-Fox-D FACILITY/DIST/UNIT: D-60F DATE: 1-25-19
 (NAME AND TITLE OF STAFF MEMBER)

I have have not already submitted a "Request to Staff" or grievance on this same issue. **RECEIVED**
 If yes, what date: facility: grievance # FEB 01 2019
 I affirm that I do do not have a grievance pending on this issue.
 I affirm that I do do not have a lawsuit of any type pending that relates in any way to this issue. **BY:**
 If a lawsuit is pending, indicate case number and court:
 This request does does not relate to a pending misconduct report. If it does, this request may only be answered by the disciplinary coordinator assigned to the misconduct.

SUBJECT: State completely, but briefly, the problem on which you desire assistance. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per "Request to Staff." Your failure to specifically state your problem may result in this being returned unanswered.

On 1-23-19, I was informed by inmates that I was going to get killed by Neighbor hoods, 60's, 90's. I would like NGL-association placed on the following inmates: 1. Phillip Mills, 2. Terrance McNeal, 3. Seduc Wilson, 4. R.D. Dial, 5. Lamonn Blonner.
 (USE OTHER SIDE IF MORE SPACE IS NEEDED. DO NOT ATTACH ADDITIONAL PAGES.)

ACTION REQUESTED: State exactly how you believe your request may be handled; that is, what exactly should be done and how.

Place NGL-association's on the above listed inmates. I fear that I will suffer "Irreparable harm" if not done.

NAME: Lamone Johnson (Monroe) DOC NUMBER: 744417 UNIT & CELL NUMBER: FD-210
 (PRINT)

SIGNATURE: Lamone Johnson (Monroe) WORK ASSIGNMENT:

DO NOT WRITE BELOW THIS LINE

DISPOSITION:

PMI has been filled out.

RECEIVED
FEB 26 2019
GRIEVANCE

STAFF MEMBER

DATE

FEB 19 2019

te response sent to inmate:

Original to file
 Copy to inmate/offender

DOC 090124D (R3716)

6. Dawn Hickman, 7. Joseph Berry, 8. Kevin Hill
9. Ode White, 10. Jeremy McCalloughen, 11. Joshua Tyler
These are people whom the neighbor hood has paid
to kill me and my cell Marquis Renter, I took up for
him. because he came out as "gay". As a "Transgender"
All Gays, Bisexual's, Transgenders, Intersex, Queer, Pansexuals,
Lesibians. stick together ~~He~~ (my cell, Marquis) use to
be from Neighbor hood but no longer is. Please
Place us in a safe environment for "LGBTQIP"
Inmates. Thank-You.

RECEIVED
FEB 26 2013
GRIEVANCE

Grievance Number: 2019-1001-00273-G
Inmate Name and ODOC Number: Lamone Johnson (#744047)
Facility Location: Davis Correctional Facility

Your grievance appeal, dated July 31, 2019, was received on August 5, 2019. All of your correspondence was thoroughly reviewed. The actions you believe the Administrative Review Authority may lawfully take, and my response, are provided below.

Request:

"Please reinstate my HRT."

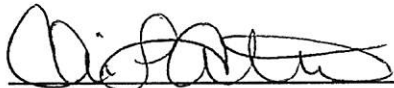
Response:

According to your record, a Qualified Mental Health Professional (QMPH) completed a Gender Dysphoria Forensic Mental Health Assessment report on May 11, 2018 and concluded you do not have a current diagnosis of Gender Dysphoria. Therefore, your request to reinstate your hormone replacement therapy (HRT) is denied.

If you need further assistance with any medical or mental health concerns/treatments, you must submit a "Request for Health Services" form (attached) to the medical unit at your facility, via the sick call process.

Disposition: (3) – Relief denied.

OP-090124 entitled "Inmate/Offender Grievance Process," Section VII.D states, "The ruling of the administrative review authority or chief medical officer is final and will conclude the administrative remedy available to the inmate/offender within the jurisdiction of the Oklahoma Department of Corrections. The inmate/offender will have satisfied the exhaustion of administrative remedies required by 57 O.S., Section 564. The grievance procedure, however, does not satisfy the additional requirements for exhaustion of administrative remedies required by the Governmental Tort Claims Act, 51 O.S., Section 151 et seq."



Cheri Atkinson
Medical Services Manager

9/4/19
Date

CA/cr

CC Ray Larimer
James Yates (Terry Underwood)
Julie Rose
James Rudek (Kim Wells)
Janna Morgan, Ph.D. (Liz Janway)
File

**OKLAHOMA DEPARTMENT OF CORRECTIONS
REQUEST FOR HEALTH SERVICES**

TO BE COMPLETED BY INMATE

Facility: _____ Date: _____

Inmate Name _____ DOC # _____ Unit _____

I request the following service(s): (Check appropriate box(s))

☐ Medical ☐ Mental Health ☐ Dental ☐ Optometry (eye) ☐ Medication Renewal
(expired medications only)

Reason for service: _____

I understand that in accordance with operations memorandum OP-140117 entitled, "Access to Health Care", I will be charged \$ 4 for each medical service I request and a charge of \$ 4 for each medication(s) dispensed to me, with the exceptions noted in the above-reference operations memorandum. There is no charge to the offender for mental health services and/or mental health medications.

Inmate Signature _____ Date: _____

TO BE COMPLETED BY HEALTH SERVICES

Date Received

Initials

Comment: _____

RN/LPN/Health Care Provider Signature_____
Date

"Return the "Request for Health Services" with the disposition of the inmate's request in the comment section to the inmate after scanning into the Inmate's EHR.

NOTE: All "Keep on Person" (KOP's) medication refill requests must be submitted to the facility's health services unit or to the medical host facility, using the "Medication Refill Slip" (DOC 140130M). "Medication Refill Slips" must be submitted within ten days of the date the medication expires or runs out. "Medication Refill Slips" are readily available and accessible at designated locations within the facility.

DOC 140117A
(R 5/17)

Misconduct/Grievance Appeal To Administrative Review AuthorityInmate Name: Lamar JohnsonDOC Number: 744047Department of Corrections
Medical Services AdministrationFacility Where Offense/Grievance Occurred:
Davis Correctional Facility

Offense Code: _____

AUG 05 2019

Date of misconduct violation: _____

Received

☐ Facility Misconduct Appeal Number _____☒ Facility Grievance Appeal Number _____2019-1001-00273-GI received the response of the reviewing authority at the facility on: 6-31-19

Fill out this form in blue or black ink. Writing must be legible. I wish to appeal the reviewing authority's response to the misconduct/grievance on the following ground(s) only. DO NOT ATTACH ANY OTHER PAGES. (Use ONLY the back side of this page, if necessary). Your appeal will be returned to you unanswered if any other pages are submitted.



Newly discovered/available evidence not considered by the reviewing authority, relevant to the issue, necessary for a proper decision, and why the evidence was not previously available which if considered may alter the decision (you must clearly state the newly discovered/available evidence); or



Probable error committed by the reviewing authority in the decision such as would be grounds for reversal (you must clearly state the error committed by the reviewing authority, including citing the part of procedures or statutes not followed by the reviewing authority).

Response:

Available evidence: On 6-6-19, I filed a "request to health services" to "meet" with Dr. Sanders for stopping my HRT (Hormone replacement therapy) because of a "inexperienced" psychologist's report that I only meet the first required criteria for "gender dysphoria". The purpose of this meeting was a attempt to show my previous medical records and results.

I understand that in accordance with OP-060125/OP-090124, I will be charged \$2 to appeal a misconduct/grievance to the Administrative Review Authority or Chief Medical Officer, and that this form is also a request for disbursement of funds from my trust fund draw account. If I do not have enough funds to cover this cost, the amount will be collected as soon as funds become available.

Signature of Inmate Lamar JohnsonDate 7-31-19

DOC 060125Y (R 4/17)

Of another evaluation (prior to my incarceration) and to show Documentation written by "experienced Professional" within Gender dysphoria, to show one I do meet the Criteria for Gender dysphoria, 2 That "inexperienced Psychologists" often misdiagnose Gender dysphoria for a "psychiatric disorder" and the proper and Professional way to distinguish the Two I was on Hormone replacement Therapy prior to my incarceration, when I was assessed at LARC, I was continued on my HRT until I arrived at Davis Correctional Facility, where I was informed Dr. Patricia Jones denied me having "Gender dysphoria" and said I had a "Personality disorder", however Ms. Jones report never stated to stop my HRT. That was a decision that Drs. Sanders, Ray Carimer made which is Denying my eight amendment rights to my "Serious medical need". I have wrote Dr. Patricia Jones a RTs. He said that "all medications decisions are made by medicals" so saying in other words "I didn't do it." which is what Davis Medical and mental health is saying "Ms. Jones told us to discontinue it." I am experiencing mental and physical pain due to this error. My body is making a transformation, from years of healing my Gender dysphoria to now stopping it? is worse than denying it in the first place. See Phil PPS V. Micho. Dept. of Corrs 731 F. Supp. 792 (W.D. Micho 1990.) I have filled out "Sick calls" about the pain I am experiencing but there is more pain than what meets the eye. I am severely depressed without my HRT. It makes me feel less of a woman. Please reinstate my HRT. Thank-You.

Department of Corrections
Medical Services Administration

AUG 05 2019

Received

Grievance Decision from Reviewing Authority

Inmate/Offender Name: Johnson, Lamone DOC Number: 744047
 Receipt Date: 07/08/19 Grievance Category Code: 7 Grievance Number: 2019-1001-00273-G

- | | | | | |
|-------------------|-----------------------------|-------------------------|------------------------|----------------------------|
| 1. Discrimination | 3. Complaint against staff | 5. Disciplinary process | 7. Medical | 9. Records/Sentence Admin. |
| 2. Classification | 4. Condition of confinement | 6. Legal | 8. Property/Trust Fund | 10. Religion |
| Decision: | | | 11. Personal Identity | |

On 6/6/19 Inmate Johnson sent a request to health services requesting to meet with Dr. Sanders regarding why his HRT (hormone replacement therapy) was stopped.

After further review of the matter, Ray Larimer, Health Services Administrator replied that Inmate Johnson was evaluated by a psychologist and he did not meet the criteria for therapy. Notification was sent to the inmate on 07/10/2018 per Dr. Sanders.

Inmate Johnson's **RELIEF IS DENIED.**

X Ray Larimer
 Reviewing Authority – Facility Health Services Admin (medical issues)

X 7-16-19
 Date

X James A. Hots
 Review Authority – Facility/Unit Head

X 7/16/19
 Date

I have received the copy of the response of the reviewing authority.

X Dallas Johnson
 Signature of Grievant

X 7-31-19
 Date

Terry Underwood
 Signature of Staff Witness and Printed Name of Witness

7-31-19
 Date

You may appeal to the Administrative Review Authority or Personal Identity ARA at Department of Corrections, P.C Box 11400, Oklahoma City, OK 73136-0400 or Medical ARA at 2901 N. Classen Blvd, Suite 200, Oklahoma City, OK 73106, within 15 days of the receipt of response using only DOC Form 060125V entitled "Misconduct/Grievance Appeal to Administrative Review Authority." Do not send this decision to the Administrative Review Authority or Medical ARA

1. Original to file
2. Copy to inmate/offender

DOC 090124B (R 4/19)

INMATE/OFFENDER GRIEVANCE

Grievance no. 2019-1001-00273-6Grievance code: 7Response due: 7/29/19

RECEIVED
JUL 08 2019
GRIEVANCE

DO NOT WRITE ABOVE THIS LINE

Date 7-3-19Facility or Unit DoCoFName Lumore (monique) Johnson
(Print)Facility Housing Unit FD-210DOC Number 744047Date "Request to Staff" response received: 7-2-19

Have you previously submitted a grievance on this same issue? N/A If yes, what date N/A, facility N/A, grievance # N/A. You must submit this completed original within 15 days of the receipt of the response to the "Request to Staff". The "Request to Staff" must have been submitted within 7 days of the incident. Do not include/attach anything to this grievance except the "Request to Staff" including the response. You may quote from or make reference to statutes, operations, field, or administrative memoranda, department publications (time sheets, inventory forms, assessments, etc.). You will be permitted only one opportunity to correct any error(s) made in submitting your grievance.

1. The nature of your complaint. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per grievance. Use backside of this page only, if necessary.

On 6-6-19, I filled out a request to health services requesting that I meet with Dr Sanders pertaining to him stopping my HRT (Hormone replacement therapy) estradiol 2mg, spironolactone 50mg, I have been on

2. Informal action taken (including dates) to resolve the complaint, as well as the names of those employees from whom you sought an answer to your grievance.

RTS to Dr Sanders 6-13-19
Sick call (Request for health services) 6-6-19

3. The action you believe the reviewing authority may lawfully take.

Reinstate my estradiol 2mg and spironolactone 50mg, re diagnose me with correct criteria

Grievance report sent to (warden/facility head/deputy director/correctional health services administrator):

Name Rail LumoreTitle Call to StaffSignature of Grievant Monique JohnsonDate Sent to Reviewing Authority 7-3-19

DOC 090124A (R 4/19)

1. Original to file
2. Copy to inmate/offender

HRT for 4 Years Prior to my incarceration.
 See CP-140147, P95, IVOC, 20a "Once the above steps have been completed, hormonal treatment may be considered by the qualified medical provider if the following: a. Hormonal treatment was initiated prior to incarceration." I was on HRT from the Oklahoma County Jail and from the "freeworld". Z was prescribed estradiol and Spironolactone before my incarceration. See: Steele v. Shah, 87 F.3d 1266, 1270 (11th Cir. 1996); See also: Miller v. Schoenen, 75 F.3d 1305, 1311 (8th Cir. 1996); See: De'Lonta v. Angelle 330 F.3d at 634-35, Phillips, 731 F.3d at 800. "Taking measures which actually reverse the effects of years of healing medical treatment... is measurably worse than failing to provide such treatment in the first place." Z had my medical records. MS. Jones did not say discontinue my HRT so she did incorrectly diagnose me.

RECEIVED
 JUL 08 2019
GRIEVANCE

RECEIVED

Must Be Submitted Through the Law Library or Designee
Inmate/Offender Grievance Process
REQUEST TO STAFF

TO: Dr. Sanders FACILITY/UNIT: DocoF DATE: 6-13-19
(NAME AND TITLE OF STAFF MEMBER)

I have have not ☒ already submitted a "Request to Staff" or grievance on this same issue.
If yes, what date: facility: grievance #:
I affirm that I do do not ☒ have a grievance pending on this issue.
I affirm that I do do not ☒ have a lawsuit of any type pending that relates in any way to this issue.
If a lawsuit is pending, indicate case number and court:
This request does does not relate to a pending misconduct report. If it does, this request may only be answered by the disciplinary coordinator assigned to the misconduct.

SUBJECT: State completely, but briefly, the problem on which you desire assistance. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per "Request to Staff." Your failure to specifically state your problem may result in this being returned unanswered.

On 6-6-19 I filed a request to health services requesting that I meet with Van pertaining to Van stopping my HRT (Hormone replacement therapy) estradiol 2mg and spironolactone 50 mg. I have been on HRT for 4 years prior to my incarceration.
(USE OTHER SIDE IF MORE SPACE IS NEEDED. DO NOT ATTACH ADDITIONAL PAGES.) see back

ACTION REQUESTED: State exactly how you believe your request may be handled; that is, what exactly should be done and how.

Reinstall my HRT estradiol 2mg and spironolactone 50mg
I have my medical records from Oklahoma County Jail.

NAME: Lamore (monae) Johnson DOC NUMBER: 744047 UNIT & CELL NUMBER: FQ-210
(PRINT)

SIGNATURE: Lamore Johnson WORK ASSIGNMENT:

DO NOT WRITE BELOW THIS LINE

DISPOSITION:

During your psychologist evaluation you did not meet the criteria for therapy. Offender Notification was sent 07/10/18 per Dr. Sanders.

[Signature]
STAFF MEMBER

06/20/19
DATE

JUL 02 ANS'D

Date response sent to inmate/offender:

1. Original to file
2. Copy to inmate/offender

RECEIVED
JUL 08 2019
GRIEVANCE
DOC 090124D (R 4/19)

See OP 140147, Pg 5, I v C, 200 "once the above steps have been completed, hormonal treatment may be considered by the qualified medical provider if the following ~~was~~ a. Hormonal treatment was initiated prior to incarceration." I was on ART from the Oklahoma county Jail and from the "freeworld". Z was prescribed estradiol, and spironolactone before I was incarcerated. See Steele v. Shah, 87 F.3d 1266, 1270 (11th Cir. 1996), see also Miller v. Schoenen, 75 F.3d 1305, 1311 (8th Cir. 1996.) See De'Lonta v. Angelone, 708 F.3d at 522-23, De'Lonta 330 F.3d at 634-35, Wolfe v. Horn, 130 F.3d 2d 648, 653 (E.D. Pa. 2001) Phillips, 731 F.3d 1300. "Taking measures which actually reverse the effects of years of healing medical treatment... is measurably worse [than failing to provide such treatment in the first place]". I would like to meet face to face I have my medical records.

2019-2736

RECEIVED
JUL 08 2019
GRIEVANCE

SCOTT CROW
INTERIM DIRECTOR



J. KEVIN STITT
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE REVIEW AUTHORITY

DCF 19-292

Date: SEPTEMBER 26, 2019

To: JOHNSON, LAMONE #744047

Location: DCF

From: Mark Knutson, Director's Designee *Mark Knutson*

Your grievance/correspondence was filed improperly for the following reason(s):

	1. No reviewing authority response to the grievance.
	2. No informal action, Request to Staff response included.
	3. Out of time from date of alleged incident until filing Request to Staff.
	4. Out of time from date of response to Request to Staff until filing the grievance with the reviewing authority.
	5. Received out of time from date of the reviewing authority's response.
	6. You cannot appeal a non-response. See OP-090124 section V.B.1.b.(8) (Request to Staff) or VI.C.4. (grievance).
	7. Inmate on grievance restriction and/or proper documentation not included. See OP-090124, section X.B.2.a.
	8. Must be legibly written in blue or black ink. No pencil or other color of ink is allowed. No doodling or writing in margins.
	9. Attachments to the grievance/appeal (no additional pages allowed except affidavit if required).
	10. Not an issue grievable to Oklahoma Department of Corrections (Private prison property, misconduct, litigation pending, not within/under the authority/control of the Department of Corrections)
X	11. More than one issue or the complaint and relief requested are not consistent on the Request to Staff and grievance.
	12. Not of a sensitive/emergency nature. You must follow the standard grievance process including giving the reviewing authority an opportunity to respond.
	13. Requests for disciplinary action against staff or monetary compensation will not be addressed in the grievance process.
	14. Appeal form not signed/dated .
	15. The ruling of the Administrative Review Authority or Director's Designee is final.
	16. Facility grievance number not listed on the appeal form.
	17. Additional issues submitted in the grievance appeal and not presented in the initial grievance to the reviewing authority for response will not be addressed by this office.
X	18. You have failed to follow previous instructions from the reviewing authority or ARA for filing this grievance/appeal and/or properly resubmit. YOU ARE NOW OUT OF TIME.
	19. You did not provide the date that you received the reviewing authority's response on the appeal form.
	20. This grievance is unanswerable as there are no time frames specified for the alleged action(s) to have occurred
	21. You failed to identify your grounds for an appeal by checking one, or both boxes on the appeal form.
	22. Your appeal must be written on the Misconduct/Grievance Appeal form (DOC060125V effective 4/19).
	23. You will be afforded ONE FINAL opportunity to properly resubmit your corrected grievance appeal which must be received in ARA within ten (10) days of receipt of this form. DO NOT RETURN THIS FORM WITH YOUR CORRECTED APPEAL.
	24. Other:

THIS OFFICE WILL NOT PROCESS INCOMPLETE/INACCURATE/OUTDATED APPEAL FORMS
NOTE: Abuse of the grievance process as explained in section IX of OP-090124, will result in restrictions being imposed.

I acknowledge receipt of this response: _____

Inmate's signature and date

P.O. BOX 11400
OKLAHOMA CITY, OK. 73136-0400

sent to inmate

9/26/19

GRIEVANCE RETURNED UNANSWERED

FD 210

Received:

X 

Inmate signature

X 9-9-19

Date

DATE: August 28, 2019
 TO: Johnson, Lamone, #744047
 FROM: James Yates, Warden X
 Received: August 19, 2019
 RE: Return of Grievance # 2019-1001-00292-G

YOUR GRIEVANCE IS BEING RETURNED UNANSWERED BECAUSE OF THE FOLLOWING:

- ☐ You have not filed your grievance within the specified time frame. **(CANNOT RESUBMIT)**
- ☐ The "Request to Staff" must be submitted **within seven (7) days of the incident.**
- ☐ The inmate/offender grievance must be submitted by the inmate/offender 15 days from the **date of the receipt of the response to the "Request to Staff."**
- ☐ An **ANSWERED** Request to Staff form addressed to the **correct staff member** must be attached.
- ☒ The **Request to Staff** issue is not consistent with the issue requested on the **Grievance.**
- ☐ **Inmate Request forms are not utilized in the Grievance Process.**
- ☐ You have not completed the **Grievance form correctly, in its entirety, or on the correct form.**
- ☐ Grievances submitted must be **legibly written or typed, in blue or black ink. No pencil, highlighter, or other color of ink is allowed.** No drawing, decorating, doodling, or making comments, in the margins of the pages is permitted.
- ☐ The **Grievance and Request to staff** must be specific as to the **Complaint, Dates, Places, Personnel Involved and How the Inmate was Affected.**
- ☐ Classification Movement requests to transfer to another facility, are not grievable to DOC.
- ☐ If there has not been response to your Request to Staff in 30 days, but no later than 60 days, of submission, the inmate may file a grievance to the reviewing authority with **a copy of the "Request to Staff" attached to the grievance form. (Ask the law library supervisor for a copy of the RTS.)** **The grievance form may only be filed about the lack of response to the "Request to Staff."**
- ☐ Only **ONE ISSUE OR INCIDENT** is allowed per **Grievance and Request to Staff.**
- ☐ You are on **Grievance Restriction**, proper documentation was not included.
- ☐ It has been determined that the grievance is not of an **Emergency or Sensitive** nature. The grievance is being returned and you must comply with the standard grievance process.

original

9/9

☐ **Section-09 Programs Page: 4 OP-090124 Effective Date: 04/11/2019****B. Non-grievable Issues**

1. Misconduct reports received through the agency disciplinary procedures may not be appealed through the grievance process. Misconduct reports may only be appealed through the disciplinary appeal process as referenced in OP-060125 entitled "Inmate/Offender Disciplinary Procedures."

☐ 2. Grievances shall not be submitted:

☐ (a) about matters that are in the course of litigation;

☐ (b) about matters that include requests for disciplinary action against staff;

☐ (c) requesting monetary compensation; or

☐ (d) For property issues at privately contracted facilities. These are to be resolved by the privately contracted facility and are not grievable or appealable to ARA.

☐ Property issues may be addressed by utilizing the requirements of CCA Policy 14-6: Inmate Resident Property (Property Claim 14-6D and Appeal 14-6E).

☒ **Section-09 Programs Page: 18 OP-090124 Effective Date: 04/11/2019****A. Determining Abuse of the Grievance Process**

1. The appropriate reviewing authority may determine there is abuse or misuse of the grievance process and may restrict the inmate's/offender's ability to submit a grievance. Types of abuse, include, but are not limited to: (PREA 115.52(g))

- ☐ a. Grievances intended to harass another;
- ☐ b. The continual and repeated submitting of frivolous grievances (frivolous grievances are those with no basis in fact or law);
- ☐ c. The repeated submitting of grievances or "Requests to Staff" about an issue previously addressed by staff in their written response;
- ☐ d. Grievances about de minimis (small, trifling, no available remedy) issues;
- ☐ e. Repetitive grievances by multiple inmates/offenders about the same issue;
- ☐ f. An inmate/offender writing letters instead of utilizing the grievance process and failing to bring complaints by formal grievance;

☒ g. Continued procedural defects, such as submitting additional pages, after having been previously warned.

☒ **Because of continued abuse of the grievance process this serves as an official warning.**

☐ You will be afforded the opportunity to properly re-submit a grievance form within **10 days** of receipt of this notice **WITH THE NOTED CORRECTIONS COMPLETED**. The grievance form must be proper, complete, and submitted to the proper reviewing authority. The failure of such waives/forfeits the right to proceed in the grievance process.

☒ Due to your continued failure to submit a properly filed grievance, you are now **OUT OF TIME**.

☐ Other: _____

INMATE/OFFENDER GRIEVANCE

Grievance no. 2019-1001-00292-6Grievance code: 4Response due: 9/9/19

DO NOT WRITE ABOVE THIS LINE

Date 8-14-19

Facility or Unit _____

Name Lamore Johnson
(Print)

Facility Housing Unit _____

DOC Number 744817

Date "Request to Staff" response received: _____

Have you previously submitted a grievance on this same issue? Yes If yes, what date 7-19-19, facility DOC, grievance # 2019-1001-00292-6 You must submit this completed original within 15 days of the receipt of the response to the "Request to Staff". The "Request to Staff" must have been submitted within 7 days of the incident. Do not include/attach anything to this grievance except the "Request to Staff" including the response. You may quote from or make reference to statutes, operations, field, or administrative memoranda, department publications (time sheets, inventory forms, assessments, etc.). You will be permitted only one opportunity to correct any error(s) made in submitting your grievance.

- The nature of your complaint. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per grievance. Use backside of this page only, if necessary. On 6-24-19 @ 8:45 PM, Zimere Rossco Craig was murdered 3 doors down from me. Because of E. Martinez and Shanna Taylor's deliberate indifference to make him (Craig, a bisexual male) or his gang affiliated cell.
- Informal action taken (including dates) to resolve the complaint, as well as the names of those employees from whom you sought an answer to your grievance. RTS to Warden 6-25-19
Grievance # 2019-1001-00292-6

- The action you believe the reviewing authority may lawfully take.

Listen to LGBTQIP Inmates own safety views and take into serious consideration. Screen all inmates for LGBTQIP status, create a questionnaire for LGBTQIP inmates.

Grievance report sent to (warden/facility head/deputy director/correctional health services administrator):

Name James YatesTitle WardenSignature of Grievant Lamore JohnsonDate Sent to Reviewing Authority 8-14-19

DOC 090124A (R 4/19)

- Original to file
- Copy to inmate/offender

GRIEVANCE RETURNED UNANSWERED

FD 210

Received:

X [Signature]
Inmate signature

X 6-14-19
Date

DATE: July 31, 2019
TO: Johnson, Lamone, #744047
FROM: James Yates, Warden X
Received: July 23, 2019
RE: Return of Grievance # 2019-1001-00292-G

YOUR GRIEVANCE IS BEING RETURNED UNANSWERED BECAUSE OF THE FOLLOWING:

- ☐ You have not filed your grievance within the specified time frame. (CANNOT RESUBMIT)
- ☐ The "Request to Staff" must be submitted **within seven (7) days of the incident.**
- ☐ The inmate/offender grievance must be submitted by the inmate/offender 15 days from the **date of the receipt of the response to the "Request to Staff."**
- ☐ An ANSWERED Request to Staff form addressed to the correct staff member must be attached.
- ☒ The **Request to Staff** issue is not consistent with the issue requested on the **Grievance.**
- ☐ Inmate Request forms are not utilized in the Grievance Process.
- ☐ You have not completed the Grievance form correctly, in its entirety, or on the correct form.
- ☒ Grievances submitted must be legibly written or typed, in blue or black ink. No pencil, highlighter, or other color of ink is allowed. No drawing, decorating, doodling, or making comments, in the margins of the pages is permitted.
- ☐ The **Grievance and Request to staff** must be specific as to the Complaint, Dates, Places, Personnel Involved and How the Inmate was Affected.
- ☐ Classification Movement requests to transfer to another facility, are not grievable to DOC.
- ☐ If there has not been response to your Request to Staff in 30 days, but no later than 60 days, of submission, the inmate may file a grievance to the reviewing authority with a copy of the "Request to Staff" attached to the grievance form. (Ask the law library supervisor for a copy of the RTS.) The grievance form may only be filed about the lack of response to the "Request to Staff."
- ☒ Only ONE ISSUE OR INCIDENT is allowed per **Grievance and Request to Staff.**
- ☐ You are on Grievance Restriction, proper documentation was not included.
- ☐ It has been determined that the grievance is not of an Emergency or Sensitive nature. The grievance is being returned and you must comply with the standard grievance process.

8/12

☐ **Section-09 Programs Page: 4 OP-090124 Effective Date: 04/11/2019**

B. Non-grievable Issues

1. Misconduct reports received through the agency disciplinary procedures may not be appealed through the grievance process. Misconduct reports may only be appealed through the disciplinary appeal process as referenced in OP-060125 entitled "Inmate/Offender Disciplinary Procedures."

☐ 2. Grievances shall not be submitted:

☐ (a) about matters that are in the course of litigation;

☐ (b) about matters that include requests for disciplinary action against staff;

☐ (c) requesting monetary compensation; or

☐ (d) For property issues at privately contracted facilities. These are to be resolved by the privately contracted facility and are not grievable or appealable to ARA.

☐ Property issues may be addressed by utilizing the requirements of CCA Policy 14-6: Inmate Resident Property (Property Claim 14-6D and Appeal 14-6E).

☐ **Section-09 Programs Page: 18 OP-090124 Effective Date: 04/11/2019**

A. Determining Abuse of the Grievance Process

1. The appropriate reviewing authority may determine there is abuse or misuse of the grievance process and may restrict the inmate's/offender's ability to submit a grievance. Types of abuse, include, but are not limited to: (PREA 115.52(g))

☐ a. Grievances intended to harass another;

☐ b. The continual and repeated submitting of frivolous grievances (frivolous grievances are those with no basis in fact or law);

☐ c. The repeated submitting of grievances or "Requests to Staff" about an issue previously addressed by staff in their written response;

☐ d. Grievances about de minimis (small, trifling, no available remedy) issues;

☐ e. Repetitive grievances by multiple inmates/offenders about the same issue;

☐ f. An inmate/offender writing letters instead of utilizing the grievance process and failing to bring complaints by formal grievance;

☐ g. Continued procedural defects, such as submitting additional pages, after having been previously warned.

☐ **Because of continued abuse of the grievance process this serves as an official warning.**

☒ You will be afforded the opportunity to properly re-submit a grievance form within **10 days** of receipt of this notice **WITH THE NOTED CORRECTIONS COMPLETED**. The grievance form must be proper, complete, and submitted to the proper reviewing authority. The failure of such waives/forfeits the right to proceed in the grievance process.

☐ Due to your continued failure to submit a properly filed grievance, you are now **OUT OF TIME**.

☒ Other: **Too many issues on RTS and Grievance.**

INMATE/OFFENDER GRIEVANCE

Grievance no. 2019-1001-00292-6Grievance code: 4Response due: 8/12/19

RECEIVED
JUL 23 2019
GRIEVANCE

DO NOT WRITE ABOVE THIS LINE

Date 7-19-19Facility or Unit D.C.O.FName Lamorne JohnsonFacility Housing Unit FD-210DOC Number 744047
(Print)Date "Request to Staff" response received: 7-11-19

Have you previously submitted a grievance on this same issue? No If yes, what date N/A, facility N/A, grievance # N/A. You must submit this completed original within 15 days of the receipt of the response to the "Request to Staff". The "Request to Staff" must have been submitted within 7 days of the incident. Do not include/attach anything to this grievance except the "Request to Staff" including the response. You may quote from or make reference to statutes, operations, field, or administrative memoranda, department publications (time sheets, inventory forms, assessments, etc.). You will be permitted only one opportunity to correct any error(s) made in submitting your grievance.

- The nature of your complaint. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per grievance. Use backside of this page only, if necessary.
on 6-24-19 @ 8:45 AM, Inmate Rossco Craig was pronounced dead from murder by an inmate ~~Rooster~~ that is Gary affiliated, that was his cell mate because of staff's deliberate indifference to his attempt of his →
- Informal action taken (including dates) to resolve the complaint, as well as the names of those employees from whom you sought an answer to your grievance.
RTS to Warden 6-25-19

- The action you believe the reviewing authority may lawfully take.

Listen to LGBTQIP inmates can suffer verbal and take into serious consideration. Screen all inmates for LGBTQIP. States, create a questionnaire for LGBTQIP inmates.

Grievance report sent to (warden/facility head/deputy director/correctional health services administrator):

Name James YatesTitle WardenSignature of Grievant [Signature]Date Sent to Reviewing Authority 7-19-19

DOC 090124A (R 4/19)

- Original to file
- Copy to inmate/offender

Safety concerns, I have also attempted and have notified staff members of my unit team. That I can only live with Zmate margin's Porter #786756 Ernesto Martinez and Shanna Taylor are saying me and Mr. Porter had a fight when we were cells. We were drill horse - playing. They refused to place my LGBTQI P sister (Porter) back into the cell with me. They also constantly issue us both misconducts for refusing cells when we both have a hit on our head, by the same individuals. Zmate Transgender (MTF), Mr. Porter is a gay male. We are both vulnerable for attacks, on 3-16-19 Mr. Porter was attacked because Mr. Ernesto Martinez placed an affiliated gang member in his cell. When Mr. Porter was in the cell with me we are compatible cells. Mr. Ernesto Martinez refused to move us for ~~our~~ safety. He says he don't do "Happy moves" and that he "don't protect bitches and fags" That "this is prison", we need to "learn how to fight". Placing anyone in our cells is putting us at risk for the public harm. Just like Rossco Craig we may not survive. Rossco was also from the LGBTQI P community (as well as me and Porter) we cell together because we stick together. We don't kill each other, we protect each other. It's the gang members and heterosexual inmates that kill LGBTQI P inmates. We can prevent this by bringing awareness, being cautious, start screening for LGBTQI P statuses, start a questionnaire for LGBTQI P inmates. Rossco Craig was a Bi-sexual male. Don't let his death be a waste. Let it be honored and a lesson to all staff and inmates. Let's save the next Lesbian, gay, bisexual, Transgender, Queer, Intersex, Pan Sexual inmate. I speak on behalf of the LGBTQI P friends and family "Hear our cries, save us" Listen to our safety needs. (See § 28 CoFols § 115.42 (c)). See also: OP 030601, VII. screening Assessment, Bolo (d)

ROI P Rossco Craig ♂ ♀
#RosscoCraig movement

FWD to Facility Investigator

RECEIVED

Must Be Submitted Through the Law Library or Designee
Inmate/Offender Grievance Process
REQUEST TO STAFF

JUL 01 2019

BY: _____

TO: Warden FACILITY/UNIT: DoCoF DATE: 6-25-19
(NAME AND TITLE OF STAFF MEMBER)

I have _____ have not ☒ already submitted a "Request to Staff" or grievance on this same issue.
If yes, what date: _____ facility: _____ grievance #: _____
I affirm that I do _____ do not ☒ have a grievance pending on this issue.
I affirm that I do _____ do not ☒ have a lawsuit of any type pending that relates in any way to this issue.
If a lawsuit is pending, indicate case number and court: _____
This request _____ does _____ does not relate to a pending misconduct report. If it does, this request may only be answered by the disciplinary coordinator assigned to the misconduct.

SUBJECT: State completely, but briefly, the problem on which you desire assistance. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per "Request to Staff." Your failure to specifically state your problem may result in this being returned unanswered.

on 6-24-19 @ 8:45 AM, Inmate Roscoe Craig was pronounced
Dead from Murder by an Gang-affiliated inmate as his cell
mate. because of staff's deliberate indifference to his warning
attempts of his safety concerns I have also attempted and have refused
(USE OTHER SIDE IF MORE SPACE IS NEEDED. DO NOT ATTACH ADDITIONAL PAGES.)

ACTION REQUESTED: State exactly how you believe your request may be handled; that is, what exactly should be done and how.

Prevent Irreparable harm from the LGBTQIP Family and community. Listen
to our own safety needs take into serious considerations Place us
ONLY in cells with other LGBTQIP Family. Place Marcus Porter 756756
In my cell where were both safe or order staff to quit issuing us misconducts foreverly
refusals

NAME: Lamore (Monroe) Johnson DOC NUMBER: 744047 UNIT & CELL NUMBER: FD210
(PRINT)

SIGNATURE: Lamore Johnson WORK ASSIGNMENT: #RoscoeCraigMent

DO NOT WRITE BELOW THIS LINE

DISPOSITION:

The incident is being investigated

Horseplay is not allowed

Johnson
STAFF MEMBER

DATE

JUL 11 AM '19

Date response sent to inmate/offender: _____

1. Original to file
2. Copy to inmate/offender

RECEIVED
JUL 23 2019
GRIEVANCE
DOC 090124D (R 4/19)

Staff members of my unit team. That I only had 60%
 around Inmate marquis Porter # 766756, Ernesto Martinez,
 Shanna Taylor are saying me and Mr. Porter had a fight
 when we were cells. When indeed we were only horse-
 playing. They refuse to place my LGBTQIP sister (Porter)
 back into the cell with me. They also constantly issue
 us both misconducts for refusing cells when he both
 have a hit out on us by the same individuals. I
 am a Transgender (MTF), Mr. Porter is a Gay Male. ~~we~~
 we are both vulnerable for attacks. On 3-16-19 Mr.
 Porter was attacked because they (Ernesto Martinez) placed
 an affiliated gang member into his cell. When he was safe in
 the cell with me. We are compatible cells. Mr. E. Martinez
 refuses to make us for our safety. he says he don't do "happy
 males" and that he "don't protect bitches and fags." That
 "this is prison" and we "need to learn how to fight." Placing
 anyone else in our cell is putting us in irreparable harm. Just
 like Rossco Craig we may not survive. Rossco was also from
 the LGBTQIP Community (as well as me and Mr. Porter)
 we cell together because we stick together. We do not
 kill one another. It is the gang members and heterosexual
 inmates. We cannot bring Rossco back but we can save
 other LGBTQIP inmates. Starting with me and marquis Porter
 by placing us in the cell together. We can avenge Rossco's death
 by preventing, bringing awareness, ~~and~~ being cautious, screening
 for LGBTQIP statuses. Rossco Craig was a bi-sexual male
 which is the "B" in LGBTQIP. We are apart of the same community.
 Don't let his death be a waste. let it be a honorable lesson to
 all staff and inmates in the future to come. Save the next
 Lesbian, Gay, Bi-sexual, Transgender, Queer, Intersect, Pansexual
 Inmate! Look at what happens to our community out in the
 world. Our clubs get shot up, bloody massacres thousands
 dead, thousands of LGBTQIP family dead. I speak on
 behalf of all LGBTQIP inmates and family and
 friends. "Help us, save us hear our cries, listen to our
 own safety versus (see 28 CoF.R. § 115.47 (e))
 see also 8 ORO 30601, VII. Screening Assessment pg 19-21,
 B.1(d). Please start with yourself then you can save
 us. - "Start with the man in the mirror" - Michael Jackson
 R. T. P. Rossco Craig ~~000~~ #RosscoCraigInmate

JUL 23 2019

GRIEVANCE